

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020014
STATE FILE NUMBER

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 78

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Perryville	
Length of stay in 1b 2 yrs 11 mos		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Marshall State School & Hosp., Marshall, Mo.		d. STREET ADDRESS (If outside, give location) -----	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Allen Middle Anton Last Berkbigler			4. DATE OF DEATH Month 6 Day 4 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-1945
9. AGE (last birthday) 15 yrs		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) patient		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Perryville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Walter A. Berkbigler		13b. MOTHER'S MAIDEN NAME Angela Wibbenmeyer	
14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Records of Marshall State School & Hosp., Marshall, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia, bronchial			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
DUE TO (b) encephalopathy, congenital			since birth
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental retardation, idiot level, epilepsy.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-1-1959 to 6-4-1961 and last saw him alive on 5-4-1961			
Death occurred at 5:50 p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. B. Day, M.D. (Degree or title)		22b. ADDRESS Marshall State School & Hosp., Marshall, Mo.	
22c. DATE SIGNED 6-5-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-6-1961	23c. LOCATION (City, town, or county) (State) Perryville, Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 6-5-61	26. REGISTRAR'S SIGNATURE Cred G. Lead	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *R.W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.