

29519

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural - Shelbyville
(c) Name of hospital or institution: 3 County Infirmary
(d) Length of stay: In hospital or institution 40 years
In this community 50 years

3. (a) PRINT FULL NAME

John Berkhead

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased no record (Month) (Day) (Year)

8. AGE: Years 80? Months ✓ Days ✓ If less than one day ✓ hr. ✓ min.

9. Birthplace no record (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name no record
13. Birthplace no record (City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Roy Stevens

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof July 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo.

19. July 28, 43 (b) Madge Good (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Rural - Shelbyville
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 3:00 minute p M.

21. I hereby certify that I attended the deceased from July 20, 1943 to July 24, 1943 that I last saw him alive on July 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Anterior Sclerosis Duration ✓

Due to ✓

Due to ✓

Other conditions (include pregnancy within 3 months of death) 97

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? (Specify type of place) (c) Means of injury ✓

23. Signature P.C. Arberry (M. D. or other) Address Shelbyville, Mo. Date signed 7-25-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-43-1400

Date Filed AUG 2 1943

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.....

not embalmed
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo

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