

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41966

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

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5916		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cique Homme		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cique Homme			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION /				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Valentine b. (Middle) George c. (Last) Berkbiegler			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 1 1906	
				9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Berkbiegler			13b. MOTHER'S MAIDEN NAME Francis Bunddenstil		14. NAME OF HUSBAND OR WIFE Luvina Berkbiegler		
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. 404-09-9057		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luvina Berkbiegler Perryville, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound, 7 head					E 2110
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					ff
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PERRY COUNTY MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 29 - 1949 11:30 PM.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot wound by 410. 3" shell 11:30 AM right temple			
22. I hereby certify that I attended the deceased from CORONA, MO., 19____, that I last saw the deceased alive on CORONA, MO., and that death occurred at 11:30 PM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ollie Weidman, M.D. Coroner				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 12/30/1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 1 1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Highland Mo.	
DATE REC'D BY LOCAL REG. Jan 4 - 1950		REGISTRAR'S SIGNATURE 250 Joe J. Zellner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville, Mo.			

RECEIVED 1-11-50

District Health Officer No. 4

District File Number 150-57

Date Filed

JAN 28 1950

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 Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Md

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.