S. No. 300
EV. 10.48

FILED AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27105
State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Bates 0070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Homer Twp
c. LENGTH OF STAY (In this place): 33
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Bates 0070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Homer Twp.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore
b. (Middle): F.
c. (Last): Berkenbile

4. DATE OF DEATH (Month) (Day) (Year): August 13 1952

5. SEX: male ♂
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-20-1876
9. AGE (In years last birthday): 75 — If under 1 year: Months 8, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri ♂
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Berkenbile
13b. MOTHER'S MAIDEN NAME: Kate Hunt
14. NAME OF HUSBAND OR WIFE: Ida Berkenbile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ida Berkenbile — ADDRESS: Amoret, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hepatic Carcinoma — 1½ yrs
DUE TO (c):

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: 155X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1943 to Aug 13, 1952, that I last saw the deceased alive on Aug. 13, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W. H. Schubert (Degree or title): D.O.
23b. ADDRESS: Amoret, Mo.
23c. DATE SIGNED: 8-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial ♂
24b. DATE: 8-16-52
24c. NAME OF CEMETERY OR CREMATORY: Benjamin
24d. LOCATION (City, town, or county) (State): Bates Co. Mo.

DATE REC'D BY LOCAL REG.: Aug. 18-52
REGISTRAR'S SIGNATURE: Kendall Murphy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Archer & Mangold Amsterdam Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1954

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.