

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31002

State File No. \_\_\_\_\_

LED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>259</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>605 N. 8th St.</u> <span style="float: right;"><u>0105</u> <u>0</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>ANTONE</u>		c. (Last) <u>BERKEBILE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 13, 1889</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Owner of Meat Market</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert S. Berkebile</u>		13b. MOTHER'S MAIDEN NAME <u>Eusula Thoos</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie Caldwell Berkebile</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert A. Berkebile, Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>  ANTECEDENT CAUSES <u>myocardial infarction</u> DUE TO (b) <u>coronary artery sclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Arteriolar nephrosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>10 days</u>  <u>unkn.</u>  <u>unkn</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>26 Sep, 1953</u> , to <u>20 Oct 53</u> , that I last saw the deceased alive on <u>2 Oct, 1953</u> , and that death occurred at <u>8:45 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Elzie P. Rodgers, M. D.</u>				23b. ADDRESS <u>101 W. Broadway</u>		23c. DATE SIGNED <u>3 Oct 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 3 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service, Columbia Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 24 1959  
NOV 2 1959

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 *Chas L. Baring*

Licensed Embalmer No....412

P. O. Address *Falmouth*

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.