Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035693
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 499

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in lb 39yrs	d. STREET ADDRESS (If outside, give location) 433 So Hanover Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Nellie Middle Last Berkbigler		4. DATE OF DEATH Month Day Year Oct 16. 1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]	8. DATE OF BIRTH Nov,9. 1880.
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (City and state or country) Farrar Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Swan	13b. MOTHER'S MAIDEN NAME Margret Johnson	14. NAME OF HUSBAND OR WIFE Herman Berkbigler	
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 Address Herman Berkbigler Cape Girardeau Mo	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Artery Disease — 5yrs.

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 10/2/58, to 10/16/58 and last saw her/him alive on 10/16/58
Death occurred at 3:30 Am A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Hahn MD. 0

22b. ADDRESS Cape Girardeau Mo

22c. DATE SIGNED 10/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-18-58	23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemt	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. FUNERAL DIRECTOR L.L.Haman	ADDRESS Cape Girardeau Mo	25. DATE RECD. BY LOCAL REG. Oct. 21, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 C. L. Hamman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.