

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029403

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registrar District No. 273 Primary Registration District No. 3051 Registrar's No. 112

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

FILED JUL 16 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Perry	a. STATE Mo.	b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville	Length of stay in 1b Life	c. CITY OR TOWN Perryville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 506 W. Edgemont
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Anita	Middle Berkbigler	Last Berkbigler	Month 7-6-63	Day 63
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-11-17	9. AGE (last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Theodore Wingerter		13b. MOTHER'S MAIDEN NAME Theresa Pingel		14. NAME OF HUSBAND OR WIFE Arthur Berkbigler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Arthur Berkbigler, Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		5 yr.
IMMEDIATE CAUSE (a) Carcinoma of right breast		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 3-11-56 to 7-6-63 and last saw her/him on 7-5-63
Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) J. E. Pauchard, M.D. 22b. ADDRESS Perryville, Mo. 22c. DATE SIGNED 7-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-8-63 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cen. 23d. LOCATION (City, town, or county) (State) Perryville, Mo.

24. FUNERAL DIRECTOR Young & Sons Perryville Mo ADDRESS Perryville Mo 25. DATE RECD. BY LOCAL REG. 7-8-63 26. REGISTRAR'S SIGNATURE Joe J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED
 1 0795
 2 0795
 3
 4 1
 5 1
 6
 7 0
 8 2
 9 170X
 10
 11
 12 1-1
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION DOCUMENT AFFIDAVIT OF

SEP 26 1963

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 *Edward C. Young*

Licensed Embalmer No. 2138

P. O. Address Perryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.