

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031557

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 00001 Registrar's No. 391

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)	
a. COUNTY Cape Girardeau		a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Applecreek TWP		c. CITY OR TOWN Freidheim	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freidheim Rte		d. STREET ADDRESS (If outside, give location) Rural Rte.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Aloysius Middle Berkbigler Last Berkbigler			Month Aug. Day 28 , Year 1963
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		5-15-86
9. AGE (last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
77		Farmer	
IF UNDER 1 YEAR		IF UNDER 24 HR	
Months	Days	Hours	Min.
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Cape Girardeau, Co. USA		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Jacob Berkbigler		Elizaberh Ruck	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
L.R. Ligibel		No	
Address St. Louis, Mo.		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line)	
St. Louis, Mo.		PART I. DEATH WAS CAUSED BY:	
		IMMEDIATE CAUSE (a) Cerebral Apoplexy	
		DUE TO (b) Arterio Sclerosis	
		DUE TO (c) Chronic Nephritis	
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.	
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year			
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 1959 to 8-28-63 and last saw her alive on 8-26-63		Death occurred at 8:00A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<i>[Signature]</i>		334 N. Main Perryville, Mo.	8-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, of county) (State)
Burial	8-31-1963	Home Cemetery	Perryville Missouri
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<i>[Signature]</i> Perryville Mo		9-2-63	<i>[Signature]</i>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

