FILED OCT 1 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30073

Do not use this space.

1. PLACE OF DEATH

(a) County Boone — Registration District No. 38

(b) Township — Primary Registration District No. 3006 — Registered No. 252

(c) or City Columbia — (d) Street No. Boone County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CALEB SENNETT BERKELEY

(a) Residence, No. Hallsville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-1879

7. AGE: YEARS 66 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallsville, Mo.

FATHER
13. NAME Sennett Berkeley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Alice Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Missouri

17. INFORMANT (ADDRESS) R.S. Roberts, Hallsville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Red Top Cemetery DATE Sept. 26, 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service, Columbia, Mo.

20. FILED 9-26, 1945 Mrs R E Palmer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1945

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1945, to Sept. 25, 1945
I last saw him alive on Sept. 24, 1945 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho pneumonia	9/21/45
Other contributory causes of importance: Acute tracheitis and bronchitis - Cardiac hypertrophy - 107	(?)

Name of operation None Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank E. Dexheimer, M. D.
(Address) Columbia Mo

1421

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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, above space should be left blank.