FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22794

Registration District No. 128 | Primary Registration District No. 2005 | Registrar's No. 584

1. PLACE OF DEATH
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 5 da

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Seymour - Rural (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME: STEVEN THOMAS BERRY
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 11 (Day) 1948 (Year)

8. AGE: Years —; Months —; Days 4; If less than one day ..... hr. ..... min.

9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country) 17
10. Usual occupation: child
11. Industry or business —

MOTHER FATHER
12. Name: Harold Tillman Berry
13. Birthplace: Monroe City (City, town, or county) Mo (State or foreign country) 0
14. Maiden name: Betty Maxine Highfill
15. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Harold T Berry
(b) Address: Seymour, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn Cem
18. (a) Signature of funeral director: Gorman-Schaaf Funeral Home
(b) Address: Springfield, Mo.
19. (a) 7-16-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from 7-10-48, 19..., to 7-15-48, 19...; that I last saw him alive on 7-15-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital obstruction of ileum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prematurity	
Major findings: Of operations:	
Of autopsy: 15 hr	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature: E J Schwartz (M. D. or other)
Address: Med Arts Bldg Springfield Date signed 7-16-48

WRITE PLAINLY—USING UNFADING BLACK INK

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 L. Austin Goosman

Licensed Embalmer No. 3177

P. O. Address Springfield Me

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, fact should be so stated above.