

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39179

State File No. ....

FILED DEC 7 1948

Registration District No. 367

Primary Registration District No. 4538

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Piedmont  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

3: (a) PRINT FULL NAME Phyllis Ann Berry

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced S /  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 20 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Charles Berry  
13. Birthplace Des Arc, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorma Lee McCallister  
15. Birthplace Piedmont, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Charles Berry  
(b) Address Des Arc, Missouri

17. (a) Burial (b) Date thereof 7/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bealuh Cem.

18. (a) Signature of funeral director William Borden  
(b) Address Piedmont, Missouri

19. (a) Nov 10, 1948 (b) Bessie G. Piles  
(Date received local registrar) (Registrar's signature) 240

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne  
(c) City or town Piedmont  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1948 hour \_\_\_\_\_ minute 6:00 P. M.

21. I hereby certify that I attended the deceased from July 27  
to July 28, 1948,  
that I last saw him alive on July 28, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramen Ovale  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature L. E. Young (M. D. or other) \_\_\_\_\_  
Address Piedmont Mo. Date signed \_\_\_\_\_

67-100-105  
Public Health Officer No. 4  
1248-15  
12-6-48

---

---

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.....

Coder Funeral Home

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

working under my personal supervision.

Signed

*William Coder*

Licensed Embalmer No. 3723

P. O. Address. Piedmont, Missouri

**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.**