S. No. 300
v. 10.48

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42559

State File No.

BIRTH NO. REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lake Ozark
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Barnett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Isreal
c. (Last): Berkley

4. DATE OF DEATH (Month) (Day) (Year): 12 31 1948

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 9, 1880
9. AGE (In years last birthday): 68 — If under 1 year: Months 8 Days 22 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Moniteau Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lewis Berkley
13b. MOTHER'S MAIDEN NAME: Betty Wilson
14. NAME OF HUSBAND OR WIFE: Blan che Berkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-0303108
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. I. Berkley
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 2
DUE TO (c) — 93E

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 422.2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1947, *to* 12/31, 1948 *that I last saw the deceased alive on* 12/31, 1948, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. D. Walker, M.D.
23b. ADDRESS: Eldon Mo.
23c. DATE SIGNED: 1/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1948
24c. NAME OF CEMETERY OR CREMATORY: Hopewell
24d. LOCATION (City, town, or county) (State): Barnett Morgan Mo.

DATE REC'D BY LOCAL REG.: Jan. 7, 1949
REGISTRAR'S SIGNATURE: Mrs C. R. Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: Louis D. Phillips
ADDRESS: Eldon

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 21 1949

JAN 24 1949

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 Louis D. Phillips, Student Embalmer No. ....., working under my personal supervision.

Signed Louis D. Phillips

Signed ..... Student Embalmer

Licensed Embalmer No. 3663

P. O. Address Eldon

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.