

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED AUG 5 1949

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

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5744</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural CASTOR</u>		c. LENGTH OF STAY (in this place) <u>80 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural CASTOR</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Fredericktown, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2, Fredericktown, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COLUMBUS</u>		b. (Middle) <u>AVERY</u>		c. (Last) <u>BERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MARCH 21, 1869</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>WILLIAM P. BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BESS</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA BERRY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAUDE BERRY, Route 2, Fredericktown, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		ANTECEDENT CAUSES				<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>years.</u>	
DUE TO (b) <u>Chronic myocarditis</u>		DUE TO (c) <u>Valvular heart disease</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4227.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/22</u> , 19 <u>49</u> , to <u>July 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>49</u> , and that death occurred at <u>12:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice Grooman MD</u> (Degree or title)				23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>7-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-30-1949</u>		REGISTRAR'S SIGNATURE <u>Flourance Hicks</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saunder Jain, Jr., Fredericktown, Mo.</u>	

RECEIVED 8-4-49  
Health Officer No. 4  
File Number 849-104  
Date Filed

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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.