

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29401

State File No.

FILED OCT 1 1949

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>351</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Butler</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (in this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Passing through City 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarleton Freeborn Twp</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) <u>John</u>		b. (Middle) <u>Pinkney</u>		c. (Last) <u>Berry</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24 1949</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 7</u>		8. DATE OF BIRTH <u>May 6, 1877</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>72 3 18</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Berry</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sally Berry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-07-3744</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Berry</u> ADDRESS <u>Malden, Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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>August 6, 1949</u> , to <u>August 24, 1949</u> , that I last saw the deceased alive on <u>August 24, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John L. Breiman M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>9-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Campbell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 RECD

949-296

BUTLER COUNTY HEALTH DEPARTMENT
POPLAR BLUFF, MISSOURI

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 _____

Christina M. Landess

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4227

P. O. Address _____

Campbell, 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, fact should be so stated above.