

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32896**

FILED OCT 25 1949

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico <u>4</u>		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico <u>2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Baker Nursing Home			d. STREET ADDRESS (If rural, give location) 811 South Jefferson		

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HOPEACE c. (Last) BERKEY			4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 10, 1869		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 11 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	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H. C. Berrey	13b. MOTHER'S MAIDEN NAME Mildred Mundy	14. NAME OF HUSBAND OR WIFE Unknown		
--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. C. Berrey, Mexico, Mo.		
---	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic nephritis DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs 5 yrs 4221
---	---	--	--	--

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) None	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) None	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
---	---	----------------------------	--	--

22. I hereby certify that I attended the deceased from 7/15, 1949, to 10/10, 1949, that I last saw the deceased alive on 10/10, 1949, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. L. Juyer, M.D., U	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 10/19/49
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Berea Cemetery	24d. LOCATION (City, town, or county) (State) Audrain County, Missouri	
---	-------------------------------	--	---	--

DATE REC'D BY LOCAL REG. Oct 20 1949	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Arnold Jr. Mexico, Mo		
---	--	---	--	--

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

RECEIVED OCT 24 1949
District Health Officer No. 10
District File Number 10-49-181
Date Filed OCT 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Mexico - 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.