

FILED NOV 5 1949

STANDARD CERTIFICATE OF DEATH

34308

State File No.

BIRTH NO. REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Elsberry, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Elsberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 N. Sixth St.		d. STREET ADDRESS (If rural, give location) 210 N. Sixth St.	

3. NAME OF DECEASED (Type or Print) Reuben Lyter BERRY			4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 10, 1860		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS* OR INDUSTRY		9. AGE (In years last birthday) 88 If UNDER 1 YEAR: Months Days If UNDER 24 HRS. Hours Min.	
11a. FATHER'S NAME Benjamin Berry			11b. MOTHER'S MAIDEN NAME Mary Ann Miller		11c. NAME OF HUSBAND OR WIFE Mattie Patton (deceased)
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			12b. SOCIAL SECURITY NO. none		12c. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Akers, Elsberry, Mo.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			13b. KIND OF BUSINESS* OR INDUSTRY		

13a. FATHER'S NAME Benjamin Berry			13b. MOTHER'S MAIDEN NAME Mary Ann Miller			13c. NAME OF HUSBAND OR WIFE Mattie Patton (deceased)		
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			14b. SOCIAL SECURITY NO. none			14c. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Akers, Elsberry, Mo.		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Oct 6, 1949, to Oct 9, 1949, that I last saw the deceased alive on Oct 9, 1949, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Hull, M.D.		23b. ADDRESS ELSBERRY		23c. DATE SIGNED Oct 10 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) Clarksville, Missouri		24e. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24f. LOCATION (City, town, or county) (State) Clarksville, Missouri	
DATE REC'D BY LOCAL REG. Oct 12 49		REGISTRAR'S SIGNATURE Mrs. T. A. Dwyer		25. FUNERAL DIRECTOR'S SIGNATURE W. S. 5th	

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

~~District File Number~~

District Health Officer No. 91

RECEIVED NOV 4 1919

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.

Student
Student Embalmer

Signed _____

Charles E. Kich

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.