

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41901

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5876 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bardley Alton</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bardley</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Berry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-1949</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>1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</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>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Fannie Berry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Susie Roberts</u> ADDRESS <u>Alton, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis - of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile heart</u>		
	DUE TO (c) <u>Cardiac failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 5-23-, 1949, to 11-2-, 1949, that I last saw the deceased alive on 11-2, 1949, and that death occurred at 4:35am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. C. Johnson, D.O.</u>	23b. ADDRESS <u>Alton, Mo.</u>	23c. DATE SIGNED <u>11-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Donephen, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-18-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. W. C. Johnson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Cerhart</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Cerhart

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

300

050

11-18-49

RECEIVED

District Health Officer No. 5,

District File Number _____

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 Seland Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thayer St

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.