

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 179

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>THOMPSON</u>	
c. LENGTH OF STAY (in this place) <u>5 MOS</u>		d. STREET ADDRESS (If rural give location) <u>R # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HULEN NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) <u>WARREN</u> c. (Last) <u>BERREY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 31, 1950</u>			
5. SEX <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>DEC 23, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. 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>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Andrain Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>OSBORNE BERREY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE Goodnight</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY T. BERREY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Sydnestricker</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral broncho-pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>				
		DUE TO (c) _____			<u>49HX</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cholecystitis</u>			<u>10 yrs.</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) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia Boone Mo.</u>	
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 Dec 1, 1949, to Jan 31, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>PJ Edmondson MD</u>		23b. ADDRESS <u>101 W. Singleton, Centralia</u>		23c. DATE SIGNED <u>Jan 31, '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	
		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>			

DATE REC'D BY LOCAL REG. <u>Feb. 2 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Caro Burrows</u>	
				ADDRESS <u>Mexico</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

100
F

RECEIVED FEB 6 1950
District Health Officer No. 9,
District File Number

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed.....

Licensed Embalmer No. 3569

P. O. Address.....

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.