

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1834

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Montgomery Rest Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0140</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg Mo</u> d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Belle</u> c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>I---9---1950</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Aug 12 th 1874</u> 75		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Williamsburg Mo</u> 0	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Miner</u>		14. NAME OF HUSBAND OR WIFE <u>Robt J. Berry "Deceased"</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 ADDRESS <u>Mrs Lena Sheets Montgomery City Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Haemorrhage</u> ANTECEDENT CAUSES <u>Arterio-Sclerotic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u> <u>4 hrs.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Mar-5-1947</u> to <u>Jan 9, 1950</u> , that I last saw the deceased alive on <u>Jan-8-</u> , 19 <u>50</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Helm M.D.</u>		23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>1-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANTIACH</u>		24d. LOCATION (City, town, or county) (State) <u>WILLIAMSBURG MO</u>	
DATE REC'D BY LOCAL REG. <u>1-14-50</u>		REGISTRAR'S SIGNATURE <u>Bernie Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. HOPKINS MONTGOMERY CITY MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 XX ON THE
9 th Day of Jan 1950

working under my personal supervision.

Student Embalmer No.

Signed

C. W. Hopkins
C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.