

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4213

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5244 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Charl Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamden Rural Cockrell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamden Rural</u>	
c. LENGTH OF STAY (in this place) <u>77 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none Rt. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Berney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1950</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 26, 1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>T. J. Berney</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Cavanah</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Berney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T. J. Berney Jr. Hamden, Missouri.</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 22, 1950, to Feb 22, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Hartman M.D.</u> (Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>2-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	24d. LOCATION (City, town, or county) (State) <u>Hamden Mo. Rural</u>
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DATE REC'D BY LOCAL REG. <u>2/24/50</u>	REGISTRAR'S SIGNATURE <u>J. W. Hartman</u>	55	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>	ADDRESS <u>Marge ine, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-28
RECEIVED FEB 28
District Health Officer No. 8,
District File Number _____
Date Filed 3-3-50

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 Klauske M. Laughlin
Licensed Embalmer No. 1909

P. O. Address Marceline, 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.