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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1950

State File No. 10888

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>546</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		0551			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYNN</u>			b. (Middle) _____			c. (Last) <u>BERRY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1950</u>		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>Jan. 6, 1919</u>		9. AGE (In years last birthday) <u>31</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Brand Milk Co</u>			
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Reuben Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Tisha Baker</u>			
14. NAME OF HUSBAND OR WIFE <u>Loriana Berry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>315-09-4155</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loriana Berry</u> ADDRESS <u>Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>10 2° & 3° Burns 85% of Body Surface</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>11 June 50</u> <u>8:16 P</u> <u>24</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>133</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 11 1950 11:55 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident (Truck) & car collision</u>					
22. I hereby certify that I attended the deceased from <u>June 11, 1950</u> , to <u>June 12, 1950</u> , that I last saw the deceased alive on <u>June 12, 1950</u> and that death occurred at <u>1:55 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G. F. Beckhold M.D.</u>				23b. ADDRESS <u>1630 Jefferson Springfield Mo</u>		23c. DATE SIGNED <u>12 June 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-13-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>			

NS (Licensed Embalmer's Statement on Reverse Side)

DEC 12 1908

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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.