

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35884

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1002	
d. FULL NAME OF HOSPITAL OR INSTITUTION 137 W. west st		d. STREET ADDRESS (If rural, give location) 137 Northwest 0	

3. NAME OF DECEASED (Type or Print) a. (First) Jackie b. (Middle) Dale c. (Last) Berry	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0	8. DATE OF BIRTH Dec. 21, 1945	9. AGE (In years last birthday) 4	IF ORDER IN YEAR Months 9 Days 16 Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No	10b. KIND OF BUSINESS OR INDUSTRY No	11. BIRTHPLACE (State or foreign country) Sikeston, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Therman Berry (dec)	13b. MOTHER'S MAIDEN NAME Ollie Sindle	14. NAME OF HUSBAND OR WIFE _____
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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) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ollie Berry, Sikeston, Mo.	ADDRESS _____
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19. 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		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3402	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Sept 14, 1950**, to **10/7, 1950**, that I last saw the deceased alive on **Oct 6, 1950**, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Cutchlow M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED Oct 9, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/9/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	24d. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG Oct 21-50	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	MUNICIPAL DIRECTOR'S SIGNATURE Harry Jones	ADDRESS Sikeston, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

007

with

FILED OCT. 27. 1950

RECEIVED ~~OCT 23 1950~~
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1050-13

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 John Callerton

Licensed Embalmer No. 2941

P. O. Address Jefferson W

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.