

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36117

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1

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

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>		b. (Middle)	
c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24th 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 29th 1875</u>
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>Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Jacob Corman</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Keif</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Berry</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>Milan Berry</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.		19. INTERVAL BETWEEN ONSET AND DEATH <u>154X</u>	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>metastasis to Liver and</u> DUE TO (c) <u>other abdominal organs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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?	
22. I hereby certify that I attended the deceased from <u>2-1</u> , 1950, to <u>11-24</u> , 1950, that I last saw the deceased alive on <u>11-24</u> , 1950, and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. W. Ireland</u>		23b. ADDRESS <u>Cole Camp, Mo.</u>	
23c. DATE SIGNED <u>11-25-50</u>		23d. SIGNATURE OF REGISTRAR	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 26th 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>	
25. DATE REC'D BY LOCAL REG. <u>Nov 25-1950</u>		25. REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eickhoff</u>		25. ADDRESS <u>Cole Camp Mo</u>	

RECEIVED 11-29-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-29-50

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 E L Eickhoff

Licensed Embalmer No. 1730

P. O. Address Cole Camp 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.