

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 326

104  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
 a. COUNTY Boone  
 b. CITY (If outside corporate limits, write RURAL and give town) Columbia  
 c. LENGTH OF STAY (in this place) 4 Mo.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1600 University Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Audrain  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico  
 d. STREET ADDRESS (If rural, give location) 515 Woodlawn

3. NAME OF DECEASED  
 a. (First) JOHN b. (Middle) BERRY c. (Last) PEDERSEN  
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single  
 8. DATE OF BIRTH June 16, 1930 9. AGE (In years last birthday) 20 6 MONTHS 4 DAYS 1 HOUR 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student - University of Missouri  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Pedersen 13b. MOTHER'S MAIDEN NAME Mildred Ida Grueneberg 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME John Pedersen, Mexico, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Massive cerebral damage  
 ANTECEDENT CAUSES Gunshot wound of head  
 Morbid conditions, if any, giving 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. \_\_\_\_\_  
 19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
 20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, no., factory, street, office bldg., etc.) Home 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Columbia Boone MO  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from viewed as coroner, 19  , to   , 19  , that I last saw the deceased alive on   , 19  , and that death occurred at    m., from the causes and on the date stated above.

23a. SIGNATURE Sam M. Griffith, M.D. (Degree or title) 23b. ADDRESS Columbia Missouri 23c. DATE SIGNED 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Mexico, Missouri

DATE REC'D BY LOCAL REG. Dec. 20 1950 REGISTRAR'S SIGNATURE Mrs R E Palmer 31 25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service ADDRESS Columbia, Mo

**RECEIVED** 12-27-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 12-27-50

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Tom McHarg

Licensed Embalmer No. 2063

P. O. Address Columbia, 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.