

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10054

State File No. _____
Registrar's No. 219

BIRTH NO. _____		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 30		REGISTRAR'S NO. 219	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Carroll</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Carrollton</i>		c. LENGTH OF STAY (in this place) <i>7 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>13 Bosworth, Mo. 6170</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Staton Clinic</i>				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <i>JAMES</i>		b. (Middle) <i>Edward</i>		c. (Last) <i>BERRIER</i>		DEC 25-1950	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>APR 12 1879</i>	
9. AGE (In years last birthday) <i>71</i>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>			11. BIRTHPLACE (State or foreign country) <i>AMERICAS KANSAS</i>	
12. CITIZEN OF WHAT COUNTRY? <i>-</i>		13a. FATHER'S NAME <i>SAMUEL BERRIER</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>JENNIE BERRIER</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>496-10-4401</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ms JENNIE BERRIER Bosworth Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Complete Left Hemisphere</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 da.</i>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <i>Hyperextension</i>	
		DUE TO (c) <i>-</i>				DUE TO (c) <i>-</i>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<i>322v</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <i>Dec 21, 1950</i> to <i>Dec 28, 1950</i> , that I last saw the deceased alive on <i>Dec 28, 1950</i> and that death occurred at <i>9:45 AM</i> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. Hamilton Hester M.D.</i>				23b. ADDRESS <i>Carrollton, Mo</i>		23c. DATE SIGNED <i>Dec 30</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-30/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Big Creek Cemetery, Bosworth, GR</i>		24d. LOCATION (City, town, or county) (State) <i>Mo</i>	
DATE REC'D BY LOCAL REG. <i>1/3/51</i>		REGISTRAR'S SIGNATURE <i>Thos Herbert Calvert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>David J Edwards</i>		ADDRESS <i>Bosworth, Mo</i>	

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

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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 *David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Basworth, 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.