

FILED JAN 6 1951

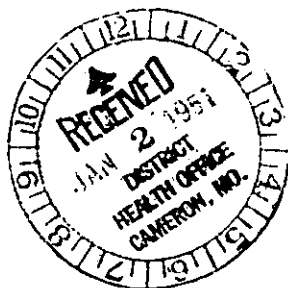
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41728

830

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

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5963		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 6th St. May</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 6th St. May</u>		OR TOWN <u>May</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barry 3rd house Not store</u>				d. STREET ADDRESS (If rural, give location) <u>Barry 3rd house North of store</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Agnes</u>		c. (Last) <u>Berry</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11 Jan 1889</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		9. AGE (In years last birthday) <u>61</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>W.H. Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McCluskey</u>		14. NAME OF HUSBAND OR WIFE <u>Mahlon Berry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles M. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertension</u> 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>5 days</u> <u>33 yrs</u> <u>6 yrs</u>				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR? <u>No</u>			
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) <u>Platte</u> <u>Mo.</u> <u>Mo.</u>		21d. LOCATION (City, town, or county) (State) <u>Barry, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Dec. 18, 1950</u> , to <u>Dec. 22, 1950</u> , that I last saw the deceased alive on <u>Dec. 22, 1950</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
22a. SIGNATURE <u>W.H. Reed</u>		22b. ADDRESS <u>N.R.C. Mo.</u>		22c. DATE SIGNED <u>12-24-50</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>	
22e. DATE REC'D BY LOCAL REG. <u>Dec 24-50</u>		22f. REGISTRAR'S SIGNATURE <u>Philipa Roelins</u>		22g. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home N.R.C.</u>		22h. ADDRESS <u>N.R.C.</u>	



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.....

John S. Morton III

working under my personal supervision.

Signed.....

Student Embalmer

John S. Morton III

Signed.....

Student Embalmer No.

350

Harold L. Pason

Licensed Embalmer No.

3605

P. O. Address.....

Parkville, 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.