

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>C</u>		c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>19</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>6-3-1874</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miliner</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		9. AGE (If years less birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	
11. BIRTHPLACE (State or foreign country) <u>Laredo - Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Thomas B. Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Elledge</u>		14. NAME OF HUSBAND OR WIFE <u>Maurine Wall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>110</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maurine Wall</u>		ADDRESS <u>Milan - Mo</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic endocarditis</u> DUE TO (c) <u>arthritis deformans</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>instant</u> <u>6 yrs.</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				20. AUTOPSY? YES ☐ NO ☒	
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)		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 <u>3/16</u> , 19 <u>51</u> , to <u>3/19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>51</u> , and that death occurred at <u>2 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Simpson</u> (Degree or title) <u>Mo.</u>				23b. ADDRESS <u>Milan Mo.</u>		23c. DATE SIGNED <u>3/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 31-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

Date Received: APR 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-65
Date Filed: APR 3 1951

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

Dwight Schaefer

Licensed Embalmer No. *2667*

P. O. Address *Milwaukee - Wis.*

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.