

FILED MAY 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15496

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thompson Wilson</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0082</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Co. Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>MOORE</u>		c. (Last) <u>BERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18, 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 30, 1869</u>	
9. AGE (in years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. MALE		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE DAWSON</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Berry</u> ADDRESS <u>Mexico 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, asthenia, 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) <u>Myocardial damage</u> DUE TO (c) <u>Asthma allergic chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>10 yrs</u> <u>20 yrs</u> <u>6 mo</u>	
19a. DATE OF OPERATION <u>4-26-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid Colon (removed)</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>241 X H</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov 28</u> , 19 <u>48</u> , to <u>May 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>51</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Kollenbach</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>May 18, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LONG BRANCH</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain Co, MO</u>	
DATE REC'D BY LOCAL REG. <u>May 30-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Clifton</u>		ADDRESS <u>Mexico</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAY 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-99-
Date Filed: MAY 28 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

Charles V. Fleming

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address *Melrose, 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.