

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17525
183

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 North Grand		d. STREET ADDRESS (If rural, give location) 600 N. Grand	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM	b. (Middle) HENRY	c. (Last) BERRY	(Month) May	(Day) 30	(Year) 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (State or foreign country) Christian County, Kentucky	

12. CITIZEN OF WHAT COUNTRY? Country?	13a. FATHER'S NAME Wilson L. Berry	13b. MOTHER'S MAIDEN NAME Susan Heltsley	14. NAME OF HUSBAND OR WIFE Mattie R. Berry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Victor H. Buchelman	ADDRESS Sedalia, M
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's disease, senile changes. Gradual onset.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General decline due to age 89 years. DUE TO (c) As above.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. As above.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No Injury.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.

22. I hereby certify that I attended the deceased from **May 6, 1951**, 19____, to **May 30, 1951** 19____, that I last saw the deceased alive on **May 29, 1951** 19____, and that death occurred at **7-A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE B. B. Prader, M.D.	(Degree or title)	23b. ADDRESS 112 West 4th St. Sedalia, Missouri	23c. DATE SIGNED June 1, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. June 4, 1951	REGISTRAR'S SIGNATURE A. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Beckhart	ADDRESS Sedalia Mo
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GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-12-51

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

W. Hebert

Licensed Embalmer No.

3470

P. O. Address

Albion, 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.