

No. 300
10. 48

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19600**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 39 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 Broadway		d. STREET ADDRESS (If rural, give location) 1014 Broadway			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MINNIE	b. (Middle) L.	c. (Last) BERRY	(Month) JUNE	(Day) 25	(Year) 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1872	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
				79	1	25		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Portland, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME John Stolle	13b. MOTHER'S MAIDEN NAME Anna Morrell	14. NAME OF HUSBAND OR WIFE. Dr. J. W. Berry
--	--	--

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. No	17. INFORMANT'S SIGNATURE OR NAME Dr. J. W. Berry	ADDRESS Cape Girardeau, Mo.
---	--------------------------------------	---	---------------------------------------

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) Med. Conditions		INTERVAL BETWEEN ONSET AND DEATH 25 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Distress & Anemia		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spasmodic status 4221			

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) m.	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 1710, 1947, to 6/25, 1951, that I last saw the deceased alive on 6/25, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED 6/26/51
--------------------------------------	-------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. 6-27-1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Cape Girardeau, Mo.
--	---	--	---------------------------------------

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

APR 12 1951

RECEIVED

JUL 2 1951

DISTRICT HEALTH OFFICE No. 6

No.

AUG 2 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 _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Virgil H. Welch*
Licensed Embalmer No. *4102*
P. O. Address *Cape Girardeau*

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.