

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22081**

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 719

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry	
c. LENGTH OF STAY (in this place) 1 Day		1380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) May c. (Last) Berry			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 5, 1869	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ? Hyatt	13b. MOTHER'S MAIDEN NAME ? Danford	14. NAME OF HUSBAND OR WIFE John A.
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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 Mrs O.C. Coldwell	ADDRESS Ford City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH less 24 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorage		
	ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis, hypertension <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Multipli - fractures			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 33/x F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 12-5-, 1941, to 7-4-, 1951, that I last saw the deceased alive on 7-4-, 1951, and that death occurred at 3:20Am., from the causes and on the date stated above.

23a. SIGNATURE (Design or title) <i>Carl C. ...</i>	23b. ADDRESS 218 North 8th.	23c. DATE SIGNED 7-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Hall Cemetery	24d. LOCATION (City, town, or county) (State) Stanberry, Missouri R.R.
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DATE REC'D BY LOCAL REG. July 9, 1951	REGISTRAR'S SIGNATURE Carl C. ...	25. FUNERAL DIRECTOR'S SIGNATURE King ...	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City, 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.