

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25870

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3023 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>		c. LENGTH OF STAY (In this place) <u>204 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u> <u>1001</u>	
		d. STREET ADDRESS (If rural, give location) <u>123 Black Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>NMN</u> c. (Last) <u>Berry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan 24 1887</u>		9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fire Engine Section Worker</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>William Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crites</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Berry</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-09-2913</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Berry</u> ADDRESS <u>Chaffee Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary Epe Sode</u> ANTECEDENT CAUSES <u>Ch Myocardite</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Coronary Thromb</u> DUE TO (c) <u>3 years</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>30 Min.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 7/14, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. ...</u> (Degree or title)		23b. ADDRESS <u>Chaffee Mo</u>		23c. DATE SIGNED <u>7/16/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friends</u>	
				24d. LOCATION (City, town, or county) (State) <u>Oron Mo</u>	

DATE REC'D BY LOCAL REG. <u>7/16/51</u>		REGISTRAR'S SIGNATURE <u>James ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u> ADDRESS <u>Chaffee Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 18 195

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 751-19

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 Mamie Dupleinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.