

STANDARD CERTIFICATE OF DEATH

30866

State File No. _____

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 20

0672

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN Charleston</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>503 W. Market St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 503 W. Market St.</u>		0672	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) _____ c. (Last) <u>Berry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Berkley, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Peter Lepchenske</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Pechenske</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Clay Berry</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Clay Berry, Charleston, Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 am</u> <u>1 yr</u> <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardiosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	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 June, 1950 to Sept 13, 1951, that I last saw the deceased alive on Sept 13, 1951, and that death occurred at 6:35 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Fulton D.O.</u>	(Degree or title)	23b. ADDRESS <u>Wyatt, Mo</u>	23c. DATE SIGNED <u>9/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/15/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 17, 1951</u>	REGISTRAR'S SIGNATURE <u>D. P. Fulton</u>	439	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Munnell</u>	ADDRESS <u>THE MUNNELL FUNERAL CHAPEL, Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 21 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.....
Student Embalmer

Signed Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.