

STANDARD CERTIFICATE OF DEATH

State File No. **32242**

FILED SEP 18 1951

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **173**

2973

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) 624 North Odell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alpha b. (Middle) Fine c. (Last) Berkeley			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8th, 1951.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 14, 1877.		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 4 24	
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) Rocheport, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Peter Fine		13b. MOTHER'S MAIDEN NAME Maude Calvert		14. NAME OF HUSBAND OR WIFE Shannon D. Berkeley	
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. 495-03-3601B		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shannon D. Berkeley, Marshall, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				

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) (Min.)		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 **April 6, 1951**, to **Sept 8, 1951**, that I last saw the deceased alive on **Sept 8, 1951**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) John R. Lawrence M.D.		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED Sept 10 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	
24d. LOCATION (City, town, or county) (State) Marshall, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 385 Campbell-Lewis Marshall Mo.			
DATE REC'D BY LOCAL REG. Sept. 11-1951		REGISTRAR'S SIGNATURE DeWey J Gray			

RECEIVED

9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed: 9-17-51 -----

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 -----

working under my personal supervision.

Student Embalmer No.

Signed

RW Campbell Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address *Marshall, 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.