

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32525**

FILED OCT 19 1951

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 102

0070

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt. Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt. Pleasant</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Buther</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D. Buther</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Otis</u> c. (Last) <u>Berryhill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-1951</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>7-9-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas J. Berryhill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Seese</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Berryhill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Berryhill R.F.D. Buther, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown aneurysm</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> 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 <u>4201</u>	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) _____	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 9-21 1951 to 10-8 1951, that I last saw the deceased alive on 10-8 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carter W. Lutes MD</u> (Degree or title)	23b. ADDRESS <u>Butler Mo</u>	23c. DATE SIGNED <u>10-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Topeka Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>
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DATE REC'D BY LOCAL REG <u>Oct. 12-51</u>	REGISTRAR'S SIGNATURE <u>Rendall Lutes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osborn-Underwood Buther, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 18 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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.