

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43754**

REC'D DEC 20 1951

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6137		Registrar's No. 150			
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona, MO		c. LENGTH OF STAY (In this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN winona, MO		d. STREET ADDRESS (If rural, give location) Rural (WINONA)			
d. FULL NAME OF HOSPITAL OR INSTITUTION NO				3. NAME OF DECEASED a. (First) Boone				b. (Middle) _____	
c. (Last) Derryberry				4. DATE OF DEATH (Month) (Day) (Year) Nov 26th 1951					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Jan 21 1908		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Lee Derryberry			13b. MOTHER'S MAIDEN NAME Minnie Watsts			14. NAME OF HUSBAND OR WIFE Melissie Derryberry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Melissie Derryberry				ADDRESS Winona, MO	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS						INTERVAL BETWEEN ONSET AND DEATH 5 YRS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LEFT CARDIAC FAILURE						INTERVAL BETWEEN ONSET AND DEATH 2 MINUTES	
		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.) FARM		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WINONA SHANNON MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. J. P. Fernandez (County Coroner)				23b. ADDRESS Evansville, Mo.			23c. DATE SIGNED 12/10/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-2-51		24c. NAME OF CEMETERY OR CREMATORY antioch cem		24d. LOCATION (City, town, or county) (State) Hartshorn MO			
DATE REC'D BY LOCAL REG. 12-15-51		REGISTRAR'S SIGNATURE Mabel Rollins		25. FUNERAL DIRECTOR'S SIGNATURE 447		ADDRESS Duncan Funeral Home mtn View, MO			

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

RECEIVED

DEC 18 1951

DISTRICT HEALTH OFFICE No. 6

Fig No.....

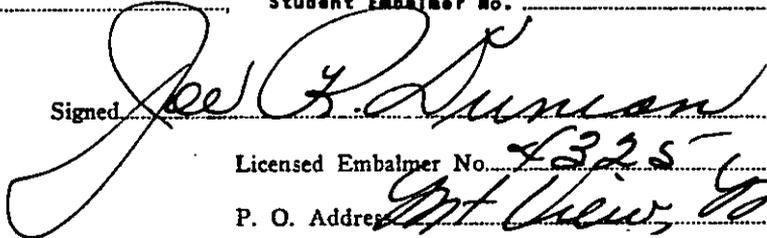
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4325

P. O. Address Mt View, 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.