

No. 300  
10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8786

492

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3122 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 2 months		d. STREET ADDRESS (If rural, give location) 104 South Ball St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 South Ball St.			

3. NAME OF DECEASED (Type or Print) AMELIA	a. (First)	b. (Middle) BERRY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 11, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12, 1868	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months 9	IF UNDER 2 WKS. Days 29	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Peonor	13b. MOTHER'S MAIDEN NAME Liza Hall	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Richardson Webb City, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hard ear</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Capillary heart</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 153X	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)
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 4-50, 10, to March, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert A. Smith M.D.</u> (Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 3/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Dove Cemetery	24d. LOCATION (City, town, or county) (State) Columbus, Kansas
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DATE REC'D BY LOCAL REG. 3/11/52	REGISTRAR'S SIGNATURE John Lewis (Seal)	25. FUNERAL DIRECTOR'S SIGNATURE Ruhland Funeral Home Columbus, Kan	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-18-52  
Jasper County Health Office

County File Number 52/3/214

Date Filed 3-18-52

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 Leonal J. Lewis 2

Licensed Embalmer No. 4561

P. O. Address Walla City, 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.