

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35478**

DECEASED **879965** BIRTH NO. **164** REG. DIST. NO. **2032** PRIMARY REG. DIST. NO. Registrar's No. **139**

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1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 13da		d. STREET ADDRESS (If rural, give location) 209, Clark.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center.			

3. NAME OF DECEASED (Type or Print) a. (First) Delbert	b. (Middle) Keith	c. (Last) Berry.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1952.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 30, Sept. 1952	9. AGE (In years last birthday) 12	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Warrensburg, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Willis K. Berry	13b. MOTHER'S MAIDEN NAME Opal Irene Seley.	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Willis. K. Berry.	ADDRESS Warrensburg. MO
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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 2d.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **30 Sept**, 1952, to **12 Oct**, 1952, that I last saw the deceased alive on **12 Oct**, 1952, and that death occurred at **4 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Deed Maxson M.D. (Degree or title)	23b. ADDRESS Warrensburg Mo.	23c. DATE SIGNED 14 Oct 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 14, Oct. 1952	24c. NAME OF CEMETERY OR CREMATORY Centerview.	24d. LOCATION (City, town, or county) (State) Centerview. MO.
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DATE REC'D BY LOCAL REG. Oct. 14, 1952	REGISTRAR'S SIGNATURE Savannah Deutch	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.	ADDRESS Warrensburg. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 21 1952
JOHNSON COUNTY HEALTH DEPT.

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

R. D. Phillips

Signed

Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.