

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41202

State File No. ....

FILED NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>4 months</b>		d. STREET ADDRESS (If rural, give location) <b>II66 South Brunswick</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>II66 South Brunswick</b>		d. STREET ADDRESS (If rural, give location) <b>II66 South Brunswick</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albin</b>	b. (Middle) -----	c. (Last) <b>DeBerry</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16th, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 18th, 1891</b>	9. AGE (In years last birthday) <b>61</b>	if UNDER 1 YEAR Months <b>5</b> Days <b>28</b>	if UNDER 24 Hrs. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman - American</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Plattsburg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>J. F. DeBerry</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Adams</b>	14. NAME OF HUSBAND OR WIFE <b>Christine A. DeBerry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes, World war No. I.</b>	16. SOCIAL SECURITY NO. <b>487-07-5305</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Christine A. DeBerry</b>	ADDRESS <b>Marshall, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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) (m.)	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 Nov 14, 1952, to Nov 16, 1952, that I last saw the deceased alive on Nov 16, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James C. Reid</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>11-17-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>Nov. 19, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.W. Newcomers Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov-17-1952</b>	REGISTRAR'S SIGNATURE <b>Bridney J. Gray</b>	385-0	FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>MARSHALL, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

972

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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 James H. Lewis, Jr.  
Licensed Embalmer No. 4709  
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.