

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41300

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Crane</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Crane</u>		1043	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Berry</u>	
4. DATE OF DEATH (Month) (Day) (Year)		<u>Nov 16 1952</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>Mar 16 - 1888</u>	
9. AGE (in years last birthday) <u>64</u>		10. MONTHS <u>8</u>		11. DAYS <u>8</u>		12. IF ORDER IN HRS. Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>John Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Hallway</u>		14. NAME OF HUSBAND OR WIFE <u>Panny Berry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Panny Berry</u> ADDRESS <u>Crane Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatoid Arthritis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
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.)		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 <u>Aug 1950</u> to <u>Aug 1951</u> , that I last saw the deceased alive on <u>Aug 1951</u> , and that death occurred at <u>8:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw. E. Bennett</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>11-18-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. E. Loner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Manlove</u> ADDRESS <u>Crane Mo.</u>			

per John Murray (Licensed Embalmer's Statement on Reverse Side)

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

**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, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Uran Mission

**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.