

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2451**

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3912		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Bremiscott				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO. b. COUNTY Gobler			
b. CITY (If outside corporate limits, write RURAL and give town) Gobler Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Gobler Mo. 10780		d. STREET ADDRESS (If rural, give location) Rural... Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.							
3. NAME OF DECEASED a. (First) Berry			b. (Middle) Wells		c. (Last) Sr		4. DATE OF DEATH (Month) Jan - (Day) 16 - (Year) 1953
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 18 1865		9. AGE (In years last birthday) 87 If UNDER 1 YEAR: Months 7 Days 28 If UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dont Know		13b. MOTHER'S MAIDEN NAME Know		14. NAME OF HUSBAND OR WIFE D.K.			
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. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Berry Wells Jr. Gobler 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Chronic Nephritis 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 2-3 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 592x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 1, 1952 to Jan 16, 1953 , that I last saw the deceased alive on Jan 14, 1953 , and that death occurred at 3:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS Waverlyville Mo		23c. DATE SIGNED 1/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-53		24c. NAME OF CEMETERY OR CREMATORY Gobler		24d. LOCATION (City, town, or county) (State) Gobler Mo.	
DATE REC'D BY LOCAL REG. 1-17-53		REGISTRAR'S SIGNATURE [Signature] 249-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.F. COBB Funeral HAVEve, Ark			

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

780
1

1-18-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 20 1953

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.....

P. O. Address.....

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.