

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8491**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4717** Registrar's No. **10**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Taney		a. STATE MO b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) Branson		c. CITY (If outside corporate limits, write RURAL and give township) Branson	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ruggs Convalescent			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Marion W. b. (Middle) _____ c. (Last) Berry			2-3-53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 1, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____
11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Amberman		13b. MOTHER'S MAIDEN NAME Elizabeth	
		14. NAME OF HUSBAND OR WIFE Nancy Berry	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. John Daley
		ADDRESS Branson, MO	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis Sclerotic		UNKNOWN	
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 4201	
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) (Minute)		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>1-27</u>, 19<u>53</u>, to <u>2-3</u>, 19<u>53</u>, that I last saw the deceased alive on <u>2/3</u>, 19<u>53</u>, and that death occurred at <u>3:35 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.C. Maguire M.D.		23b. ADDRESS Branson, MO	
		23c. DATE SIGNED 6 Feb 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 2-5-53	
24c. NAME OF CEMETERY OR CREMATORY Branson		24d. LOCATION (City, town, or county) (State) Branson MO	
DATE REC'D BY LOCAL REG. 2-9-53		REGISTRAR'S SIGNATURE S. C. Cozart	
		25. FUNERAL DIRECTOR'S SIGNATURE R. O. Whitlock	
		ADDRESS Branson MO	

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.....
Student Embalmer

Signed Minnie L. Wheeler

Licensed Embalmer No. 2237

P. O. Address Brunson

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.