

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15185

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 126

0804
 1

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>906 W. 7th, St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 W. 7th, St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>TRACY</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>BERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1953</u>
-------------------------------------	-------------------------	------------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 12, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. _____ Min.
----------------------	-------------------------------	---	---------------------------------------	---	---	-----------------------------

10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>State Inspector Cosmetologist</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>David L. Berry</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Prigmore</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Hanley, Sedalia, Mo.</u>	ADDRESS _____
--	-------------------------------	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-44</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis & hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-13</u>	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) <u>331x</u>
--	--	---

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 4-8, 1953 to 4-13, 1953 that I last saw the deceased alive on 4-12, 1953, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D.W. Boyer, M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>4-16-53</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/15/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houstonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Houstonia, Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-15-1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sedalia, Mo.</u>
---	--	---	-----------------------------

GILLESPIE FUNERAL HOME
 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.