

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21919**

FILED JUN 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3028 Registrar's No. 125

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jasper</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mc Cune-Brooks Hosp.</b>                          |  | d. STREET ADDRESS (If rural, give location) <b>Fair Acres</b>  |  |

|   |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Albert</b><br>b. (Middle) <b>T</b><br>c. (Last) <b>Berry</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>6-13-1953</b> |  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>9-23-1869</b>                      | 9. AGE (In years last birthday) <b>83</b>                                  | IF UNDER 1 YEAR: Months _____ Days _____    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Road Farmer</b>    |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>                         |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper, Missouri</b> |   |
| 13a. FATHER'S NAME <b>William T. Berry</b>  |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Stockton</b>              |  | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>unknown</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Bessie Bishop</b> ADDRESS <b>Carthage, Mo.</b> |  |
|---|--|--|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 days</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis Heart Disease</b> |  |  |
|   | DUE TO (c) <b>Fracture of Hip</b>   |  |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION <b>4200 F</b> |  |
| 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) (m.) | 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 12-12 1848, to 6/13, 1953 that I last saw the deceased alive on 6/11, 1953 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

|   |                                   |   |
|---|-----------------------------------|---|
| 23a. SIGNATURE <i>[Signature]</i> (Degree or title)     | 23b. ADDRESS <b>Carthage, Mo.</b> | 23c. DATE SIGNED <b>6/15/53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>6-17-1953</b>        | 24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>                 |
|   |                                   | 24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b> |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>6-15-53</b> | REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>139</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b> ADDRESS <b>Carthage, Mo.</b> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-29-53  
Jasper County Health Office

County File Number 53-6-526

Date Filed 6-29-53

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Cartersville, Ga.

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.