

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25411

State File No.

492
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FILED AUG 12 1953

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City Mo.	c. LENGTH OF STAY (In this place) 1 wk	c. CITY (If outside corporate limits, write RURAL and give township) Oronogo Mo.	0490
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) 411 E. Central	

3. NAME OF DECEASED (Type or Print) Minnie	a. (First)	b. (Middle) May	c. (Last) Berrian	4. DATE OF DEATH Aug 2 1953	(Month)	(Day)	(Year)
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8 1881	9. AGE (In years, months, days) 72 YR 7 M 15 D	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) White Hall Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Guy Seeley	13b. MOTHER'S MAIDEN NAME Mattie Monroe	14. NAME OF HUSBAND OR WIFE Roy Berrian
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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.	17. INFORMANT'S SIGNATURE OR NAME Roy Berrian	ADDRESS Oronogo, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-27-1953, to 8-2-1953, that I last saw the deceased alive on 8-1-1953, and that death occurred at 4:30pm., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 202 Webb City, Mo.	23c. DATE SIGNED 8/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4 1953	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 8-4-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Annce Simpson	ADDRESS Montgomery
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(Licensed Emballer's Statement on Reverse Side)

Webb City, Mo.

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

RECEIVED AUG 11 1953

County Health Office

6-5-6

~~AUG 11 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 *Harvey E. Ames*

Licensed Embalmer No. *4463*

P. O. Address *W. City, 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.