

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29150**

FILED AUG 24 1953

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4238</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): <u>Rutledge</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>0520</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shelton</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Berryman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 15, 1884</u>		9. AGE (in years last birthday) <u>69</u> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>T. J. Berryman</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine King</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Johnson Berryman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. A. Berryman Rutledge, Mo</u>			
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) <u>Inanition + Dehydration</u> <u>Dehydrated ulcer</u> ANTECEDENT CAUSES <u>Parkinsons Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stiology not known</u> DUE TO (c) <u>Glomeronephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>18 years</u> <u>4-5 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>April 8, 1953</u> , to <u>Aug. 20, 1953</u> , that I last saw the deceased alive on <u>Aug. 20, 1953</u> , and that death occurred at <u>3:29 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Ink or title) <u>William J. Freeland</u>		23b. ADDRESS <u>9145 Gibson Hospital - Edina, Mo</u>		23c. DATE SIGNED <u>8-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pauline cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rutledge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug-23-1953</u>		REGISTRAR'S SIGNATURE <u>Neil S. Dunst</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Rimmer</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

5570

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, ~~by~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.