

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31395**

FILED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>29</u>		PRIMARY REG. DIST. NO. <u>468</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR <u>Mayesville</u> TOWN		c. LENGTH OF <u>Life</u> STAY (in this place)		c. CITY (If outside corporate limits, write RURAL, and give township) OR <u>Mayesville Mo</u> TOWN <u>0320</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home In town</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Berry</u>	
4. DATE OF DEATH		9		29		53	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>II, II, 1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>86</u>		11. DAYS <u>86</u>		12. HOURS <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Gault</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Comer</u>		14. NAME OF HUSBAND OR WIFE <u>George Berry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Foster Barry</u> ADDRESS <u>Pattonburg 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>Chronic Myocarditis</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>					
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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>April, 1947</u> to <u>9/30, 1953</u> that I last saw the deceased alive on <u>9/29, 1953</u> , and that death occurred at <u>11:16 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Gerald Fowler M.D.</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berlin</u>		24d. LOCATION (City, town, or county) (State) <u>Berlin Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-7-53</u>		REGISTRAR'S SIGNATURE <u>Kascoe Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley Brown</u>		ADDRESS <u>Mayesville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
0320
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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 _____

Licensed Embalmer No. _____

3933

P. O. Address Maysville 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.