

FILED OCT 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State, File No. **32177**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 195

**1. PLACE OF DEATH**  
 a. COUNTY **Jasper**  
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Carthage**  
 c. LENGTH OF STAY (in this place) **1 Week**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **McCune Brooks Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission.)  
 a. STATE **Missouri** b. COUNTY **De Witt**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Rural**  
 d. STREET ADDRESS (If rural, give location) **Carthage, Rt. #1**

**3. NAME OF DECEASED**  
 a. (First) **Jack** b. (Middle) **Carl** c. (Last) **Berry**  
**4. DATE OF DEATH** (Month) (Day) (Year) **Sept. 27, 1953**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**  
**8. DATE OF BIRTH** **Nov. 17, 1886** **9. AGE** (In years, last birthday) **66** **10. MONTH** **10** **11. DAY** **10** **12. HOURS** **10** **13. MIN.**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Dairyman**  
**10b. KIND OF BUSINESS OR INDUSTRY** **dairy**  
**11. BIRTHPLACE** (State or foreign country) **Okla.**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Wm. Berry** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Martha C. Berry**

**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.** **unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Martha C. Berry** **ADDRESS** **Carthage, Mo. Rt. 1**

**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.

**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Carcinoma of stomach with metastases to liver**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
**DUE TO (b)** **Hepatitis and renal metastases**  
**DUE TO (c)**  
**11. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH** **18 days**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** **Co of stomach with metastases to liver** **151 X**  
**20. AUTOPSY?** YES  NO

**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) **9:30** **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **9-17, 1953, to 27 Sept, 1953,** that I last saw the deceased alive on **27 Sept, 1953,** and that death occurred at **11:30P m.,** from the causes and on the date stated above.

**23a. SIGNATURE** **W. M. Berry** (Degree or title) **M.D.** **23b. ADDRESS** **Carthage, Mo.** **23c. DATE SIGNED** **9/30/53**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **October 1, 53.** **24c. NAME OF CEMETERY OR CREMATORY** **Ozark Memorial Park** **24d. LOCATION** (City, town, or county) (State) **Joplin, Mo.**

**DATE REC'D BY LOCAL REG.** **9-30-53** **REGISTRAR'S SIGNATURE** **Lloyd B. Clinton** **25. FUNERAL DIRECTOR'S SIGNATURE** **Johnston-Arnce-Simpson** **ADDRESS** **Webb City, Mo.**

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

McNew

RECEIVED OCT 6 1953

Jasper County Health Office

County File Number 53-9-815

Date Filed OCT 6 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. Quinn*

Licensed Embalmer No. 4463

P. O. Address Wool City, Md

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.