

STANDARD CERTIFICATE OF DEATH

State File No.

36570

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		<u>0672</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. S. 6th St.</u>				d. STREET ADDRESS (If rural, give location) <u>South 6th St.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Brenda</u>		b. (Middle) <u>Bee</u>		c. (Last) <u>Berry</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>27,</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>August, 15, 1943</u>	
9. AGE (In years last birthday) <u>10</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (State or foreign country) <u>Cairo, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Paul Berry</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Bailey</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Press Berry</u> ADDRESS <u>Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Asphyxiation & Burns</u> ANTECEDENT CAUSES <u>House burned inside</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>from unknown origin</u> 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>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Charleston</u> (COUNTY) <u>Miss.</u> (STATE) <u>Mo.</u>		<u>067</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-27-53 12:30A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fire of residence</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>12:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence Shelby</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>East Prairie, Mo</u>		23c. DATE SIGNED <u>9-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-28-53</u>		REGISTRAR'S SIGNATURE <u>Jean Hearnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hearnes</u> ADDRESS <u>The Winnielee Funeral Chapel, Charleston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0672

OCT 30 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 30 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 *John F. Neumeier Jr* _____

Licensed Embalmer No. 3851

P. O. Address Charleston, W. Va.

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.

Not Embalmed