

STANDARD CERTIFICATE OF DEATH

State File No. **36571**

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **96**

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) 2 mo.		d. STREET ADDRESS (If rural, give location) South Sixth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. So. 6th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) _____ c. (Last) Berry	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 27th, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 20, 1950
9. AGE (In years by birthday) 2	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (State or foreign country) Charleston, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Paul Berry		13b. MOTHER'S MAIDEN NAME Helen Bailey	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Press Berry, Charleston, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Asphyxiation & Burns		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		House burned inside unknown from Cuban origin	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E9160 16	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Charleston Miss. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-53 12:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fire Of Residence	
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 12:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE Jean Shelby (Degree or title) Coroner		23b. ADDRESS East Prairie, Mo.	
23c. DATE SIGNED 9-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-28-53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston Mo.
DATE REC'D BY LOCAL REG. 10-28-53	REGISTRAR'S SIGNATURE Jean F. Deashey	25. FUNERAL DIRECTOR'S SIGNATURE Jean F. Deashey ADDRESS THE FUNNEL & FUNERAL CHAPEL, Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 Edward E. J. J. J. J. J.

Licensed Embalmer No. 4164

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.

Body Not Embalmed