

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. **718**

FILED **JAN 11 1954**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5343** Registrar's No. **54-2**

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North 1st wp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 7 mi e. Miller	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Miller Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Armond b. (Middle) Lewis c. (Last) Berry			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 21, 1925
9. AGE (In years, last birthday) 28		10. MONTHS 11	11. DAYS 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Greenfield Enterprise	11. BIRTHPLACE (City and State or Foreign Country) C Dade Co Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leonard Berry	
13b. MOTHER'S MAIDEN NAME Lucinda Berry		14. NAME OF HUSBAND OR WIFE Emma Mae Berry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) Yes War #2		16. SOCIAL SECURITY NO. 487-28-8887	
17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Mae Berry Miller Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed in car accident. Internal injuries			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken neck, Crushed Rib cage			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. fractured R. mandible & L. knee			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) suicide accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 39	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Greenfield Mo North Twp. Dade, Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4 - 1954 3:00 p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car & truck accident	
22. I hereby certify that I attended the deceased from after death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.R. Allison, Coroner 3		23b. ADDRESS Greenfield Mo	
23c. DATE SIGNED 1-6-54		23d. LOCATION (City, town, or county) (State) Greenfield Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 8 1954	
24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield Mo.	
DATE REC'D BY LOCAL REG. 1-8-54		REGISTRAR'S SIGNATURE J. C. Canada 475	
25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison		ADDRESS Greenfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 '84

JAN 18 1984

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.