

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10856

State File No.

FILED APR 5 1954

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>	c. CITY OR TOWN <u>Slater</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5117 Porter Street</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>971</u>	
e. STREET ADDRESS <u>5117 North Porter St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>BERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-31-54</u>		
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>Nov 19-1892</u>		9. AGE (In years) <u>61-4-12</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Miller Lawrence Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>George Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Alice Ramsey</u>		14. NAME OF HUSBAND OR WIFE <u>Fred E Berry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred E Berry</u> ADDRESS <u>Slater Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Essential Hypertension</u> <u>Years</u>	
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>331X</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)	
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 12-15, 1950, to 3-31, 1954, that I last saw the deceased alive on 3-31, 1954, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. G. McBurney M.D.</u> (Degree or title)		23b. ADDRESS <u>Slater, Mo</u>		23c. DATE SIGNED <u>4/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>4-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Slater Mo</u>		(State)	

DATE REC'D BY LOCAL REG. <u>4/1/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>J. Jones</u> ADDRESS <u>Slater Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0971

JAN 29 1963

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
Signature of Student Embalmer

Signed *James E. Slater*
Licensed Embalmer No.
P. O. Address *Slater*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.