

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22318

State File No. ....

FILED JUL 19 1954

BIRTH NO. ....		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Coage T</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY OR TOWN <u>Montreal</u>		d. STREET ADDRESS (If rural, give location) <u>Route I</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Berry Home</u>				d. STREET ADDRESS (If rural, give location) <u>Route I</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thompson</u> b. (Middle) <u>Kelley</u> c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9-1954</u>		5. SEX <u>male</u>		6. COLOR OF RACE <u>wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Feb 22 1890</u>		9. AGE (In years last birthday) <u>74</u>		10. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labo</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>day</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chauncy - Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elic Berry</u>		13b. MOTHER'S MARDEN NAME <u>Sarah M Ford</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (Specify) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertla Berry as above</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>Supper</u>	
19a. DATE OF OPERATION <u>July 9, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>over a period of years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>over a period of years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>VIEWED</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VIEWED</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camden Co MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 9, 1954</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>VIEWED</u>		22. I hereby certify that I attended the deceased from <u>July 9, 1954</u> to <u>July 10, 1954</u> , that I last saw the deceased alive on <u>July 9, 1954</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>Thos Woolery Coroner</u>	
23a. SIGNATURE <u>Thos Woolery Coroner</u>		23b. ADDRESS <u>Camden Co MO</u>		23c. DATE SIGNED <u>July 10-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montreal</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolery</u>	
25a. DATE REC'D BY LOCAL REG. <u>July 17-1954</u>		25b. REGISTRAR'S SIGNATURE <u>Zelpha Inaw</u>		25c. ADDRESS <u>Camden Co MO</u>		25d. ADDRESS <u>Camden Co MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Arthur Bankson Wooley*

Licensed Embalmer No. *2488*

P. O. Address

*Camden, 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.