

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 320

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City
c. LENGTH OF STAY (in this place) 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 900 East Miller St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cole
c. CITY OR TOWN Jefferson City
d. Is residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 900 East Miller St. 026%

3. NAME OF DECEASED
(Type or Print)
a. (First) JOHN
b. (Middle) _____
c. (Last) BERRY

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 26 1954

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 14 1889

9. AGE (In years last birthday) 65

10. UNDER 1 YEAR: Months 2 Days 12
11. UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moving Van

10b. KIND OF BUSINESS OR INDUSTRY Mid-West Moving

11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mrs Anna Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Anna Berry 900 E. Miller St. Jefferson City, Mo.

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* (a) Bronchopneumonia
ANTECEDENT CAUSES
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Anemia & Debility
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Gastritis

INTERVAL BETWEEN ONSET AND DEATH
10 days
many years
about 1 year
many months

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
4500

20. AUTOPSY?
YES NO

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)
Jefferson City, Cole, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 17, 1954, to Nov. 26th, 1954, that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Richardson M.D.

23b. ADDRESS 9421 Lafayette, Jefferson City, Mo.

23c. DATE SIGNED 11-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 29 1954

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. Nov 30-1954

REGISTRAR'S SIGNATURE R. P. Davis M.D. R. 8

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Anderson-Tanner Service 700 Jefferson

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

DEC 2 1954

14

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..... *Donald P. Freeman*

Licensed Embalmer No. 46

P. O. Address..... *Freeman*

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.