

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2167

State File No.

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>RAY</u> <u>0891</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY OR TOWN <u>Sweet Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 East Lexington st</u>				STREET ADDRESS (If rural, give location) <u>214 Bridge st.</u> <u>0979</u>				
3. NAME OF DECEASED (Type or Print) <u>Florence</u>			a. (First)		b. (Middle) <u>MARtha RAY Berry</u>		c. (Last)	
4. DATE OF DEATH <u>Jan 17 1955</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 8, 1869</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Thomas E RAY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY E. REAVIS</u>			14. NAME OF HUSBAND OR WIFE <u>John Edgar Berry</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-16-4721</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Berry</u> ADDRESS <u>Sweet Springs Missouri</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery occlusion</u> DUE TO (c) <u>Carcinoma of the bladder with metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2 days</u> <u>unknown</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ <u>4201H</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <u>Dec. 17, 1954</u> , to <u>Jan. 17, 1955</u> , that I last saw the deceased alive on <u>Jan. 17, 1955</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>F.N. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>1/19/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 19-1955</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson 273-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Murney</u> ADDRESS <u>Sweet Springs Mo</u>				

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

Jan 19

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 *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*

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