

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7007

State File No.

FILED MAR 10 1955

BIRTH NO.		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6155</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Alpine)</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Alpine Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>1040</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYTHA ELLEN BERRY</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-1955</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>4-25-1894</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
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 <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abram Wise</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Ora C. Berry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. C. Berry-Cape Fair, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia and Mitral lesion.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>2-12</u> , 19 <u>55</u> , to <u>2-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>55</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. P. Cottrell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Reeds Spring, Mo.</u>		23c. DATE SIGNED <u>2-22-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Cemetery 312</u>		24d. LOCATION (City, town, or county) (State) <u>High, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 28-1955</u>		REGISTRAR'S SIGNATURE <u>Miss Elmer Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. E. Culver - Cassville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

SA
MAR 29 1962

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 *Margaret C. Herbert*

Licensed Embalmer No. *43*

P. O. Address *Cassville*

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.