

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Haley 19336
State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u> <u>05820</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>617 West Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>617 West Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>BERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-10-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>D</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NE</u>	8. DATE OF BIRTH <u>Oct-20-1891</u>	9. AGE (In last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Eng. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Blairinda Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph B. Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Seiter</u>		14. NAME OF HUSBAND OR WIFE <u>Maurine Berry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-09-1975</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maurine Berry</u> ADDRESS <u>Brookfield Mo</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>2 yr +</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Brookfield Mo</u>
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 March 1950, to June 10, 1955; that I last saw the deceased alive on June 10, 1955, and that death occurred at 9:40 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Roy R. Haley, M.D.</u>	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>6/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-15-55</u>	REGISTRAR'S SIGNATURE <u>Malcolm Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>

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

0.300
0.48
82
1

JUN 20 1955

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
Student Embalmer.

Signed

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo*

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.