

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

STANDARD CERTIFICATE OF DEATH

State File No. **34115**

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY OR TOWN Paris	c. LENGTH OF STAY (in this place) 4 mos	c. CITY OR TOWN Madison	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home		f. STREET ADDRESS (If rural, give location) 067th	

3. NAME OF DECEASED (Type or Print) Normie Stewart	a. (First)	b. (Middle)	c. (Last) Dry	4. DATE OF DEATH (Month) (Day) (Year) 10-14-1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/4/1882	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaking	10b. KIND OF BUSINESS OR INDUSTRY homemaking	11. BIRTHPLACE (City and State or Foreign Country) Madison Mo (R.R)	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Ben Ora Cunningham	13b. MOTHER'S MAIDEN NAME Elizabeth Stewart	14. NAME OF HUSBAND OR WIFE Ben Dry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ben Dry ADDRESS Madison Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Plaque Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) H201		
	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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1**, 1955, to **10-14**, 1955, that I last saw the deceased alive on **10-14**, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Bergville M.D.	23b. ADDRESS Yuma Kan	23c. DATE SIGNED 10-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/16/1955	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Holliday Mo
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DATE REC'D BY LOCAL REG. 10-27-55	REGISTRAR'S SIGNATURE J. D. Barnett 4350	25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson ADDRESS Madison Mo
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(Licensed Embalmer's Statement on Reverse Side)

MAR 21 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 *Mrs. Fred A. Kern*.....

Licensed Embalmer No. *326*.....

P. O. Address *Medford*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.