No. 300
10.48

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

FILED NOV 14 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34372

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO 6001 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY: RALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Saline Township.
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monroe City #R 2.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: RALLS
c. CITY OR TOWN: Saline Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Monroe City Mo R 2.

**3. NAME OF DECEASED** (Type or Print)
a. (First): GEORGE
b. (Middle): ALONZO
c. (Last): BERRY.

**4. DATE OF DEATH** (Month) (Day) (Year): October. 10th 1955

**5. SEX**: Male
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married.
**8. DATE OF BIRTH**: DECEMBER 5-1886
**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months 9 Days 5 — IF UNDER 24 HRS.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer.
**10b. KIND OF BUSINESS OR INDUSTRY**: ___
**11. BIRTHPLACE** (City and State or Foreign Country): RALLS County Missouri.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: ALONZO Berry.
**13b. MOTHER'S MAIDEN NAME**: Catherine Greeves.
**14. NAME OF HUSBAND OR WIFE**: EFFIE Berry.
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): ___
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Hubert Berry. ADDRESS: Monroe City Mo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**: ___
**19b. MAJOR FINDINGS OF OPERATION**: ___
**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)**: ___
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: ___
**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* No medicine, *to* attention, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3 AM. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clyde C. Murray Coroner
**23b. ADDRESS**: Perry, Mo. Ralls Co
**23c. DATE SIGNED**: 10/1/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Oct 12-1955
**24c. NAME OF CEMETERY OR CREMATORY**: OAKLAN Cemetery
**24d. LOCATION** (City, town, or county) (State): Ralls County Missouri

DATE REC'D BY LOCAL REG. 10/10/55 — REGISTRAR'S SIGNATURE: Clyde C. Murray. 267-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: WILSON & Son Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ...me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014

P. O. Address Mason City

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