

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35691

State File No.

30

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo, Advance b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Advance	c. LENGTH OF STAY (In this place) 4 Yrs	c. CITY OR TOWN Advance Mo,	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 at his home in Advance		e. STREET ADDRESS (If rural, give location) Advance Mo, 1030	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) W	c. (Last) Berry	4. DATE OF DEATH (Month) (Day) (Year) 9 18 55
-------------------------------------	-----------------------------	-------------------------	---------------------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan, 24 1875	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Days) (Hours) (Min.) 80 7 24
--------------------	------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Mayfield Ky,	12. CITIZEN OF WHAT COUNTRY?
---	---	---	------------------------------

13a. FATHER'S NAME Jim Berry	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE Alcha Berry Advance Mo,
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alcha Berry Advance Mo,	ADDRESS
--	-------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA - COLON		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 153X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 FEB., 1947, to 9-18, 1955, that I last saw the deceased alive on 9-9, 1955, and that death occurred at 5 (p.m.), from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Bloomfield	23c. DATE SIGNED 9-20-55
--------------------------------------	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9 20 55	24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	24d. LOCATION (City, town, or county) (State) Advance Mo,
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG 10/22/55	REGISTRAR'S SIGNATURE Bernice Moore	25. FUNERAL DIRECTOR'S SIGNATURE E.L. Watkins & Sons	ADDRESS Puxico Mo,
--	---	--	------------------------------

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

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 *Mark A. Walker*

Licensed Embalmer No. *47*

P. O. Address *Depler*

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.