

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40098

State File No.

FILED DEC 22 1955

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 92

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem | | c. LENGTH OF STAY (in this place) 67 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) So. Jackson | |

| | | | |
|---|---------------------------|--------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Viola | b. (Middle) Mae | c. (Last) Derryberry | 4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1955 |
|---|---------------------------|--------------------------------|--|

| | | | | | | | | |
|-------------------------|----------------------------------|--|--|--|--|---|---|--|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 11 1888 | 9. AGE (In years last birthday) Months Days 67 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY X | 11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo | 12. CITIZEN OF WHAT COUNTRY? U S |
|-------------------------|----------------------------------|--|--|--|--|---|---|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME Andrew J Jones | 13b. MOTHER'S MAIDEN NAME Fannie Dodge | 14. NAME OF HUSBAND OR WIFE Henry Derryberry |
|---|--|--|

| | | |
|---|-------------------------------------|---|
| 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. X | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beryl Derryberry Licking Mo |
|---|-------------------------------------|---|

| | | | |
|---|---|--|--|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) Generalized Arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

| | | |
|------------------------|----------------------------------|---|
| 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) SALEM, MISSOURI |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 8-10, 1954, to 12-3, 1955, that I last saw the deceased alive on 12-3, 1955, and that death occurred at 10 A m., from the causes and on the date stated above.

| | | | |
|---------------------------------------|--------------------------------|--|------------------------------------|
| 23a. SIGNATURE B. J. Boores | (Degree or title) MO | 23b. ADDRESS SALEM, MISSOURI | 23c. DATE SIGNED 12/5/55 |
|---------------------------------------|--------------------------------|--|------------------------------------|

| | | | |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 6 1955 | 24c. NAME OF CEMETERY OR CREMATORY New Hope Cem | 24d. LOCATION (City, town, or county) (State) Dent Co Mo |
|--|--------------------------------|---|--|

| | | | |
|--|--|--------|--|
| DATE REC'D BY LOCAL REG. 12-6-56 | REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. | 5-15-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl J. [Signature] |
|--|--|--------|--|

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.....
Carl H. Johnson

Licensed Embalmer No. *237*

P. O. Address.....
Palmdale

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.