

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41514**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY <b>Demise</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dayti</b>		c. CITY OR TOWN <b>NEW MADRID</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Demise County Memorial</b>		e. STREET ADDRESS (If rural, give location) <b>0721</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b> b. (Middle) _____ c. (Last) <b>BERRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC-25-1955</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>MAY-6-1914</b>		9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ARK. /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>BOB PENISTER</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIE BERRY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Anne Terry, New Madrid, Mo.</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bot. Broken neck</b> ANTECEDENT CAUSES <b>Bovine Convulsion</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Car accident</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>61 Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Demise Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile wreck</b>	

22. I hereby certify that I attended the deceased from **12-25**, 19**55**, to **12-25**, 19**55**, that I last saw the deceased alive on **12-25**, 19**55** and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Asslinery</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Dayti Mo</b>		23c. DATE SIGNED <b>12-26-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-29-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SAND HILL</b>	
24d. LOCATION (City, town, or county) (State) <b>NEW MADRID, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard's Undert'g Co. New Madrid Mo.</b> ADDRESS _____			
DATE REC'D BY LOCAL REG. <b>1-5-56</b>		REGISTRAR'S SIGNATURE <b>John St. German</b> ADDRESS <b>406-C</b>			

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

1-13-56

JAN 9 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

*[Handwritten signature]*