

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY OR TOWN Thompson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If applicable) 2 hrs		e. STREET ADDRESS (If rural, give location) RFD #1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			

3. NAME OF DECEASED a. (First) Carl b. (Middle) Blum c. (Last) Berrey			4. DATE OF DEATH (Month) (Day) (Year) Jan 24, 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 17, 1904	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days 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 crops	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Newton Berrey	13b. MOTHER'S MAIDEN NAME Rose Blum	14. NAME OF HUSBAND OR WIFE Mrs. Carl B. Berrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY (If yes, give as at date of service) 499-40-0345	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Berrey RFD, Thompson, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c)
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x		

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)
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 1-24, 1956, to 1-24, 1956, that I last saw the deceased alive on 1-24, 1956, and that death occurred at 11:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest S. Gault M.D.	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 1-25-56
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY Midway Cemetery
		24d. LOCATION (City, town, or county) (State) Audrain County, Mo.

DATE REC'D BY LOCAL REG. Jan 26-1956	REGISTRAR'S SIGNATURE Blanche Neely 9-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home, Mexico, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1856

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FEB 16 1956

APR 5 1956

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.....
Rep Miller

Licensed Embalmer No. 449

P. O. Address *Mexico*

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.