

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1229

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3625		Registrar's No. 37			
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas					
b. CITY (If outside corporate limits, write RURAL and give town) West Plains,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Cabool		1070			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) ALONZO		b. (Middle) LEWELLYN		c. (Last) BERRY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Dec. 16, 1861			
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Belmont County, Ohio.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John C. Berry			13b. MOTHER'S MAIDEN NAME Mary Shipman			14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Lamar, Cabool, Missouri					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia				ANTECEDENT CAUSES				1 week	
DUE TO (b) Chr. Nephritis				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5 yrs	
DUE TO (c) arteriosclerosis				II. OTHER SIGNIFICANT CONDITIONS				10 yrs	
				Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of bladder				1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446xH				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) 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 Jan 13, 1956 , to Jan 16, 1956 , that I last saw the deceased alive on Jan 16, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE A. Callahan M.D.				23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 1-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal & burial		24b. DATE 1/16/56		24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery,		24d. LOCATION (City, town, or county) (State) Cabool, Missouri			
DATE REC'D BY LOCAL REG. 1-24-56		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Elliott - Anthony		ADDRESS Cabool, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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
Student Embalmer

Signed.....

Hal Thomsen

Licensed Embalmer No. 3408

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.