

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1956

State File No. **1867**

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4284		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN La Belle		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0560			
3. NAME OF DECEASED (Type or Print) Harlan		a. (First)		b. (Middle) Berryman		c. (Last)	
4. DATE OF DEATH January 4, 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 2, 1871		9. AGE (In years last birthday) 84	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Estel County, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G. W. Berryman		13b. MOTHER'S MAIDEN NAME Jane Spry	
14. NAME OF HUSBAND OR WIFE Mina Berryman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harlan Berryman ADDRESS La Belle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken hip and surgery DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒							
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Oct. 14, 1953 , to Jan. 4, 1956 , that I last saw the deceased alive on Jan. 3, 1956 , and that death occurred at 10:15 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry L. McBrook D.O.				23b. ADDRESS La Belle, Missouri		23c. DATE SIGNED Jan. 5, '56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/6/1956		24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		24d. LOCATION (City, town, or county) (State) La Belle, Missouri	
DATE REC'D BY LOCAL REG. 1-7-56		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Lader Jr. ADDRESS La Belle, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address La Belle

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.