

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22774**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. 22		PRIMARY REG. DIST. NO. 5114		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY BOHNINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY BOHNINGER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ZAHMA		c. LENGTH OF STAY (In this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ZAHMA - RURAL			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION -				d. STREET ADDRESS (If rural, give location) ZAHMA, Mo. 2090			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) PICKNEY		c. (Last) BERRONG	
4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1956							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 12, 1872	
9. AGE (In years last birthday) 83		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 (City and State or Foreign Country) SHAWNEETOWN, KENTUCKY U.S.A	
11. BIRTHPLACE (City and State or Foreign Country) SHAWNEETOWN, KENTUCKY U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A					
13a. FATHER'S NAME MARION M. DONALD BERRONG		13b. MOTHER'S MAIDEN NAME NANCY JANE ADAMS		14. NAME OF HUSBAND OR WIFE EMMA JONES BERRONG			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ROYLINGE, ZAHMA, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial INTERVAL BETWEEN ONSET AND DEATH Not known ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial DUE TO (c) Nephritis 2. 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 593x					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 JUN 4, 1956 , to JUNE 19, 1956 , that I last saw the deceased alive on JUNE 19, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. W. Mennel, M.D.		23b. ADDRESS Advance, Mo.		23c. DATE SIGNED 21 June 56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/20/56		24c. NAME OF CEMETERY OR CREMATORY BERRONG CEMETERY		24d. LOCATION (City, town, or county) (State) Bohlinger Co. Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Buford Crader Mrs. Lloyd & Marge, Jr. Advance Mo.							

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

520
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W. H. Morgan

Licensed Embalmer No. _____

4640

P. O. Address _____

Adelphi, Md.

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