

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22785

State File No. _____

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY OR TOWN <u>COLUMBIA</u>	c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY OR TOWN <u>COLUMBIA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>UNIV. OF MO. HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>204 DAVIS ST. 01050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>VAUGHN</u> c. (Last) <u>BERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 13 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 1 - 1893</u>
9. AGE (In years last birthday) <u>? 60+</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Anthony, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>unknown</u> 13b. MOTHER'S MAIDEN NAME <u>unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Samuel Berry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-16-8556</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Berry</u> ADDRESS <u>30 1/2 Oak St. Fulton, Mo.</u>	
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) <u>MYOCARDITIS - SEVERE</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES DUE TO (b) <u>? Arteriosclerotic Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 <u>4200</u>	
20. AUTOPSY? YES <input checked="" 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 <u>JULY 2, 1956</u> , to <u>JULY 13, 1956</u> , that I last saw the deceased alive on <u>JULY 13, 1956</u> , and that death occurred at <u>8:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Sanders M.D.</u> (Degree or title)		23b. ADDRESS <u>UNIV. OF MO. DEPT OF INT. MEDICINE, Mo. Hosp</u> 23c. DATE SIGNED <u>7/13/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Anthony, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 17 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker - Columbia, Mo.</u>		ADDRESS _____	

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

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

Student.....
Signature of Student Embalmer

Signed.....
Stuart D. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia*

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.