

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

30113

BIRTH NO. _____		REG. DIST. NO. <u>62101</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>144</u>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give town) OR Rural, Box Twp.		c. LENGTH OF STAY (In this place) OR TOWN Rural		c. CITY OR TOWN Rural		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hiway #32-10 Miles W. of Stockton				e. STREET ADDRESS (If rural, give location) 9 Miles W. of Stockton 020			
3. NAME OF DECEASED (Type or Print)		a. (First) OVA		b. (Middle) OLEVA		c. (Last) BERRY	
4. DATE OF DEATH		(Month) Sept.		(Day) 5,		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 19, 1899	
9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Collins, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Collins, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Bob Bishop		13b. MOTHER'S MAIDEN NAME Sarah Frances		14. NAME OF HUSBAND OR WIFE Wiley B. Berry			
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 Mildred Berry, Stockton, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac arrest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>car wreck</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? c20			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>9.5</u> , 1956, and that death occurred at <u>3P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm B. Rutter M.D.</u>		(Degree or title)		23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>9-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-1956		24c. NAME OF CEMETERY OR CREMATORY Hamby Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 9-10-56		REGISTRAR'S SIGNATURE <u>George W. Grefer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Canlon Funeral Home, Stockton, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

*John A. Cantlon*

Licensed Embalmer No. *438*

P. O. Address *Stockton,*

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.