

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33531

State File No.

FILED OCT 31 1956

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>DENT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SALEM</u>		c. LENGTH OF STAY (in this place) <u>10 WEEKS</u>		c. CITY OR TOWN <u>ROUTE 1 SALEM, MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>KNOX NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL - TEXAS TWP. 0 350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELDONA</u>		b. (Middle) <u>ELMIRA</u>		c. (Last) <u>BERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 22 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 3, 1871</u>	
9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DENT COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>A. E. BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL SHARP</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RUTH BURNS, Route 1, SALEM, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis and anemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of liver and generalized metastasis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				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)		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>Sept</u> , 19 <u>56</u> , to <u>Oct 22, 1956</u> , that I last saw the deceased alive on <u>Oct. 22, 1956</u> and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph L. Burnett M.D.</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>10/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BERRY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DENT COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-23-56</u>		REGISTRAR'S SIGNATURE <u>R. B. Mitchell, M.D. by MCE</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Warfel Salem, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0933

515

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

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.