

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37325

STATE FILE NUMBER

Registration District No. 66 Primary Registration District No. 4107 Registrar's No. 57

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>El Dorado Springs</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>117 Hickory</u> | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>117 Hickory</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>LYDIAN</u> Middle <u>BERRY</u> Last <u>BROWN</u> | | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1956</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>April 1 1879</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>1</u> | |
| 13. FATHER'S NAME <u>James H. Berry</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Ellen Henshaw</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>---</u> | | 17. INFORMANT <u>Mrs. Robert Meliken, El Dorado, Kansas</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina Pectoris</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4202</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>El Dorado Springs, Mo.</u> | | COUNTY <u>Cedar</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>8:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>M. H. Swinn</u> (Degree or title) <u>Coroner</u> | | | | 22b. ADDRESS <u>El Dorado Springs, Mo.</u> | | 22c. DATE SIGNED <u>11-13-1956</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11-15-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Newton Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Swinn, Coroner</u> ADDRESS <u>El Dorado Springs, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>11-15-56</u> | | 26. REGISTRAR'S SIGNATURE <u>George W. Mayes</u> | |

NOV 20 1923

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 Harold E. Crookston

Licensed Embalmer No. 144

P. O. Address E. D. Davis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.