

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37606**

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 9

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

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry Co.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>King City</u>) | | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | c. CITY OR TOWN <u>King City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | e. STREET ADDRESS (If rural, give location) <u>2280</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> | | b. (Middle) <u>Riley</u> | |
| c. (Last) <u>Berry</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11.16.1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>10.21.1864</u> |
| 9. AGE (In years last birthday) <u>92</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Joseph F. Berry</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Pauline P. Hulet</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mattie Berry</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Perry King City Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| DUE TO (b) <u>arterio sclerosis</u> | | DUE TO (c) <u></u> | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 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 | | 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) (m.) | | 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>June 1956</u> to <u>11.16.1956</u> , that I last saw the deceased alive on <u>11/14</u> 1956, and that death occurred at <u>4:30 A.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. B. Blacklock</u> | | 23b. ADDRESS <u>King city Mo.</u> | 23c. DATE SIGNED <u>11.18.56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11.18.1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Berlin</u> |
| 24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Jaggard</u> ADDRESS <u>King City Mo.</u> | |

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DATE REC'D BY LOCAL REG. Nov 19-1956 REGISTRAR'S SIGNATURE Maudie Williams 25. FUNERAL DIRECTOR'S SIGNATURE R. J. Jaggard ADDRESS King City Mo.

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 *R. G. Taggart*.....

Licensed Embalmer No. *2563*

P. O. Address *King City*

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.