

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37836**

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>		c. LENGTH OF STAY (In this place, township) <u>1yr. 10mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E. on Hwy. 70</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) <u>Arnus</u>		c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1956</u>
5. SEX <u>W</u>	6. COLOR OR RACE <u>F</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 20, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Unkown</u>		9	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Price 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dolores Weiss, Ironton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						
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) <u>Ironton Mo.</u>		4222	
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>June, 1956</u> to <u>Nov. 2, 1956</u> , that I last saw the deceased alive on <u>Nov. 5, 1956</u> and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Jones</u>				23b. ADDRESS <u>Ironton Mo.</u>		23c. DATE SIGNED <u>11-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOME CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>IRONTON MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-8-56</u>	REGISTRAR'S SIGNATURE <u>Miss Cora Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE FUNERAL HOME IRONTON</u>				

(Licensed Embalmer's Statement on Reverse Side)

Lucel J. WhiteMO

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

**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 \_\_\_\_\_  
Student Embalmer

Signed *Russell White* \_\_\_\_\_

Licensed Embalmer No. 3012 \_\_\_\_\_

P. O. Address *Granton N.H.* \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**