

FILED MAR 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. 3998

23

BIRTH NO.		REG. DIST. NO. 59	PRIMARY REG. DIST. NO. 4097	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (In this place) <u>6 days</u>	c. CITY OR TOWN <u>Harrisonville</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1400 Butler Drive</u>		
3. NAME OF DECEASED a. (First) <u>CHARLEY</u> b. (Middle) <u>PICTON</u> c. (Last) <u>BERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1957</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>July 9-1878</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morganton, N.C.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wesley Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth England</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Annie Berry</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-26-9889</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles P. Berry, Jr. Willard, Mo</u> 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Microscopic Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19a. DATE OF OPERATION <u>7-20-54</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
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>7-20-54</u> to <u>Feb. 27, 1957</u> , that I last saw the deceased alive on <u>Feb 27, 1957</u> , and that death occurred at <u>7:05 p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>J. J. Fargus, M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>28 Feb 57</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 1-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Fork Cemetery</u>
24d. LOCATION (City, town, or county) <u>Garden City Mo</u>		24e. (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>March 1, 1957</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bannerburgis</u> ADDRESS <u>Harrisonville Mo</u>

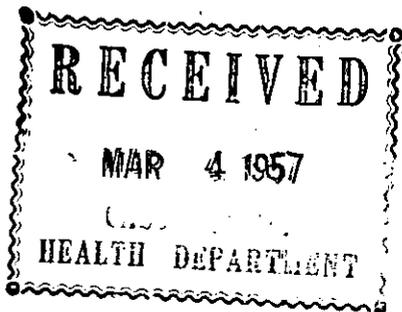
(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 15 1957



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.....
Ernest R. Remmenburg

Licensed Embalmer No. 3368

P. O. Address: *Harrisville*

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.