

FILED APR 24 1957

 HEALTH & WELFARE PUBLIC SERVICE  
 STANDARD CERTIFICATE OF DEATH

12256

STATE FILE NUMBER

Registration District No. *K3*Primary Registration District No. *300-7*Registrar's No. *293*

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Oklahoma City, 8350</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3700 Brookline St.</b>	
Length of stay in 1b <b>3 days</b>		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First <b>LLOYD</b> Middle <b>OVERTON</b> Last <b>BERKLEY</b>			4. DATE OF DEATH Month <b>4</b> Day <b>11</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-5-1927</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>00</b> Hours <b>00</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C &amp; H Line</b>		11. BIRTHPLACE (City and state or country) <b>Lindsay, Okla.</b>	
13. FATHER'S NAME <b>Louis A. Berkley</b>			14. MOTHER'S MAIDEN NAME <b>Lillie Mulvehill</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>454-30-4267</b>		17. INFORMANT <b>L. A. Berkley, Edmond, Okla.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 da</b> <b>3 da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Crush injury syndrome</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input checked="" 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.) <b>Two trucks parked on side of highway, first truck</b>	
20c. TIME OF INJURY. Hour <b>4</b> p. m. Month <b>8</b> Day <b>1957</b>		rolled back pinning him between the two trucks	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>U.S. Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>North of Poplar Bluff</b>		COUNTY <b>Butler</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>4/8/1957</b> to <b>4/11/1957</b> and last saw him alive on <b>4/11/1957</b> Death occurred at <b>12:15 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. D. Knecht</i> (Degree of title)		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>4/12/1957</b>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-11-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oklahoma City, Okla.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Greer Croy &amp; Fitch, Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/15/57</b>		26. REGISTRAR'S SIGNATURE <i>L. D. Knecht</i>			

(Licensed Embalmer's Statement on Reverse Side)

S. 300  
1-56
 securing the medical certification in the specific manner required by 195-140, note 1957.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED

APR 22 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

APR 22 1957

APR 17 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 *Ray P Adams* \_\_\_\_\_

Licensed Embalmer No. *492*

P. O. Address *Kyley Bluff*

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.