

FILED JUN 24 1957

STANDARD CERTIFICATE OF DEATH

State File No. 20296

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Calver and</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laurel Bay near</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carro</u> 8120g	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>none Route 1 #</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Pearl</u>	b. (Middle) <u>Mary</u>	c. (Last) <u>Berry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 27 1901</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>56</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Stroughmatt</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Strough</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>354-20-4219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clyde Mohrhead</u>	ADDRESS <u>Carro Ill</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Rapid Atrial fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uterine leiomyoma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cardio</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-18, 1957, to 6-17, 1957, that I last saw the deceased alive on 6-17, 1957, and that death occurred at 6:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ullendorf Estes M.D.</u>	23b. ADDRESS <u>714 Broadway</u>	23c. DATE SIGNED <u>6-18-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carro</u>	24d. LOCATION (City, town, or county) (State) <u>Villa Ridge Ill</u>
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DATE REC'D BY LOCAL REG. <u>6-19-57</u>	REGISTRAR'S SIGNATURE <u>G. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Raucher</u>	ADDRESS <u>Carro Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 26 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 .....  
Student Embalmer

Signed Frank A. Kascher

Licensed Embalmer No. 2103

P. O. Address Davis St

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