

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

57 021722
State File No.

FILED JUL 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 56

560
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. CITY OR TOWN <u>LEWISTOWN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>XXXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>BERRYMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24, 1957</u>
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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>June 11, 1908</u>	9. AGE (In years last birthday) <u>49</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ALLEN BERRYMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA GARLAND</u>	14. NAME OF HUSBAND OR WIFE <u>DOYNE BERRYMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>XXXXXXXXXX 494-05-9644</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DOYNE BERRYMAN</u>	ADDRESS <u>Lewistown, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
	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 <u>4201</u>	20. AUTOPSY? 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 6-21, 1957, to 6-24, 1957, that I last saw the deceased alive on 6-24, 1957, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.B. Cadman M.D.</u>	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>6/27/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/27/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>	24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-'57</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Arnold</u>	ADDRESS <u>Lewistown, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

1957 OCT 17 100

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 *Charles L. Arnold*.....

Licensed Embalmer No. 4667.....

P. O. Address LEWIS TOWN, I.....

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.