

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020794
STATE FILE NUMBER

FILED JUN 20 1958

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

134

300
-57

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Mexico 0070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home 10 Moms				Length of stay in lb		d. STREET ADDRESS (If outside, give location) R. F. D. 1	
3. NAME OF DECEASED (Type or print) First Forrest Middle C. Last Berrey				4. DATE OF DEATH Month June Day 16 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Sept 20, 1878	
9. AGE (In years last birthday) 79		10. FUNDING YEAR Months 0 Days 0 Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clay Berrey				13b. MOTHER'S MAIDEN NAME Elizabeth Mundy		14. NAME OF HUSBAND OR WIFE Mrs. Grace Berrey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 496-40-7571		17. INFORMANT Mrs. Grace Berrey Address RFD 1 Mexico, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis & General Debility DUE TO (c) 10 yrs						INTERVAL BETWEEN ONSET AND DEATH 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Lt. Cheek						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4:15 a.m. PM Month, Day, Year 6-16-58				20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION Mexico, Mo			
21. I attended the deceased from 12-12-57 to 6-16-58 and last saw him alive on 6-13-58 Death occurred at 4:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) W. D. Kellenbach M.D.			
22b. ADDRESS Mexico, Mo				22c. DATE SIGNED June 17, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18-1958		23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park		23d. LOCATION (City, town, or county) (State) Mexico, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.				25. DATE RECD. BY LOCAL REG. June 18-1958		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

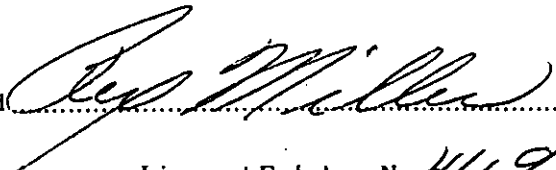
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4492

P. O. Address Myers

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.