

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029554

STATE FILE NUMBER

FILED SEP 2 1958		Registration District No. 178		Primary Registration District No. 4281		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CANTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CANTON 0560		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb LIFE		d. STREET ADDRESS (If outside, give location) 801 LEWIS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA G BERRYMAN				4. DATE OF DEATH Month Day Year AUG. 24 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 19, 1887	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		11. BIRTHPLACE (City and state or country) EDINA, MO		12. CITIZEN OF WHAT COUNTRY? UNITED STATES	
13a. FATHER'S NAME SAMUEL N. GARIAND		13b. MOTHER'S MAIDEN NAME ANN RIMER		14. NAME OF HUSBAND OR WIFE ALLEN BERRYMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-40-3274		17. INFORMANT Address MRS. W. B. DODSON CANTON, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lympho-Sarcoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) 2001						INTERVAL BETWEEN ONSET AND DEATH 6 months	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 3 to Aug. 24 and last saw her alive on Aug. 24, 1958 Death occurred at 9:20 A.M. m of the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) W. B. Dodson M.D. 2				22b. ADDRESS Canton, Missouri		22c. DATE SIGNED 8/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-27-'58		23c. NAME OF CEMETERY OR CREMATORY LaBelle		23d. LOCATION (City, town, or county) (State) LaBelle, Mo.	
24. FUNERAL DIRECTOR J. A. Dodson, Jr.		ADDRESS LaBelle, Mo		25. DATE RECD. BY LOCAL REG. 8-29-'58		26. REGISTRAR'S SIGNATURE R. W. Jennings, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 17 1958

SEP 25 1958

SEP 13 1958

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.....

P. O. Address.....

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.