

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035321

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WORTHINGTON Grim-Smith Hosp. Length of stay in lb 17 days		d. STREET ADDRESS RFD #2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ruby Middle Berry Last Berry		4. DATE OF DEATH Month 10 Day 20 Year 58	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank clerk		9b. KIND OF BUSINESS OR INDUSTRY Banking	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months 2 Days 9 IF UNDER 24 HRS.: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank clerk		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and state or country) Schuyler Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles H. Berry	
14. MOTHER'S MAIDEN NAME Etta Sweet		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. RFD #2		17. INFORMANT Mrs. Frank Bragg-Kirkville, 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) Coronary thrombosis DUE TO (b) Angina pectoris DUE TO (c) Atherosclerosis + Hypertension. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic malaria.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 8 months about 8 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 3:00 P. Month, Day, Year Apr. 11, 1957	
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	
20f. CITY, TOWN, OR LOCATION Kirkville, Mo.		20g. COUNTY Adair STATE Mo.	
21. I attended the deceased from Apr. 11, 1957 to Oct. 20, 1958 and last saw her alive on Oct. 19, 1958 . Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Spencer L. Inceman M.D. (Degree or title)		22b. ADDRESS Kirkville, Mo.	
22c. DATE SIGNED 10/21/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/23/58		23c. NAME OF CEMETERY OR CREMATORY Pleasant Home	
23d. LOCATION (City, town, or county) Worthington, Mo		23e. (State)	
24. FUNERAL DIRECTOR Davis & Davis-Kirkville ADDRESS		25. DATE RECD. BY LOCAL REG. 10-21-1958	
26. REGISTRAR'S SIGNATURE Doris W. Pateff			

300 1-56 0
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. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Robert B. Davis*

Licensed Embalmer No. *42*

P. O. Address *Kirkville*

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.