Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036844
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Webb City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 611 S. Madison — Length of stay in 1b: 60 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Webb City 0492 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 611 S. Madison — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Carroll Middle: Eugene Last: Berrian

4. DATE OF DEATH Month Day Year: October 13, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: December 3, 1891

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: Groceryman

11. BIRTHPLACE (City and state or country): Pittsfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clarence E. Berrian

13b. MOTHER'S MAIDEN NAME: Abagail Jane Mills

14. NAME OF HUSBAND OR WIFE: Elizabeth L. Berrian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 487-03-8831

17. INFORMANT: Elizabeth L. Berrian Address: Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Collapse	1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	1 hour
DUE TO (c)	4201	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] 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 COUNTY STATE

21. I attended the deceased from 10-13-58, to 10-13-58 and last saw him alive on 10-13-58
Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. F. Gregory D. O. 2

22b. ADDRESS: 624 W. Broadway, Webb City, Mo.

22c. DATE SIGNED: 10/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-15-58

23c. NAME OF CEMETERY OR CREMATORY: Mount Hope

23d. LOCATION (City, town, or county) (State): Webb City Missouri

24. FUNERAL DIRECTOR: Hedge-Lewis **ADDRESS**: Webb City Mo.

25. DATE RECD. BY LOCAL REG.: 10-15-58

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

C.F. GREGORY - P.O.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 18 1959

OCT 22 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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City Mo

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.