

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039131

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 50° Primary Registration District No. 5179 Registrar's No. 29

Health,  
Welfare  
Public  
Service  
11850

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Montreal Rural Route</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Montreal R. Route</b>			Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>Montreal Rural Route</b>			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Ann</b> Last <b>Berry</b>				4. DATE OF DEATH Month <b>11</b> Day <b>8</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 11, 1900</b>		9. AGE (In years last birthday) <b>58</b> IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At-Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Hugo Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>A.H. Berry</b>				14. MOTHER'S MAIDEN NAME <b>Mollie Gresham</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT Address <b>Sidney Berry, Lebanon, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>By Drowning</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) <b>975 X</b>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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 <b>6</b> a. m. <b>11-8-58</b> p. m. <b></b>							
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.) <b>Farm Pond</b>		20f. CITY, TOWN, OR LOCATION <b>Camden County MO.</b>		COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Jack Stotler Acting Coroner</b>				22b. ADDRESS <b>Camdenton, Mo.</b>		22c. DATE SIGNED <b>Nov. 10,</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov, 11</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montreal Cemetery</b>		23d. LOCATION (City, town, or county) <b>Montreal Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Reed Funeral Home, Camdenton Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Nov. 11-1958</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha J. Traw</b>		

(Licensed Embalmer's Statement on Reverse Side)

480

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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 H. Reed

Licensed Embalmer No 374

P. O. Address Camden, N.J.

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