

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039409
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 185

300
1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural-Independence Twp. 6350 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR D. C. Mem. Hospital		Length of stay in 1b 7 hrs.	d. STREET ADDRESS (If outside, give location) Rte. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SETH Middle OMER Last BERRY			4. DATE OF DEATH Month Nov. Day 9 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Vaughn Berry	13b. MOTHER'S MAIDEN NAME Mary Elliot	14. NAME OF HUSBAND OR WIFE Ida B. Berry
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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. None	17. INFORMANT Mrs. S. O. Berry, Rte. 2, Kennett, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive gastric hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Apoplexy		2 1/2 hours
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X		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.)
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20c. TIME OF INJURY Hour _____ .Month, Day, Year a.m. _____ p.m. _____	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 Kennett COUNTY Dunklin STATE MO
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21. I attended the deceased from 11-7-58 to 11-9-58 and last saw her alive on 11-9-58 Death occurred at 11-9-58 4 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Paul B. [unclear] (Degree or title) MD	22b. ADDRESS Kennett Mo	22c. DATE SIGNED 11-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery	23d. LOCATION (City, town, or county) (State) Kennett, Missouri
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24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-22-1958	26. REGISTRAR'S SIGNATURE Earl [unclear]
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(Licensed Embelmer'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.

DEPARTMENT OF HEALTH
COUNTY FILE NUMBER 1188 278

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 *Christine M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.