Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012654
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Christian Co	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Ozark, Mo~~ Finley Tp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 0220 Ozark, Mo Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 Christian Rest Length of stay in 1b Home 2I Da	d. STREET ADDRESS (If outside, give location) Ozark, Mo Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ottis Middle Last Berry		4. DATE OF DEATH Month April Day 22, Year 59	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Aug, I5,I898
9. AGE (In years last birthday) 60	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) Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Davis Co, Mo 0	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Thomas Berry	13b. MOTHER'S MAIDEN NAME Cora Alice Oxford	14. NAME OF HUSBAND OR WIFE Mrs Mable Mae Berry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 505-I4-4448	17. INFORMANT Mrs Mable Berry, Address Ozark, Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) uremic Poisoning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis, site undetermined

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992

19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐

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 March 10-59, to April-22-59 and last saw ~~her~~ him alive on April-17-1959

Death occurred at 3 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr Warren W Wilson 2 DO

22b. ADDRESS Sparta Mo.

22c. DATE SIGNED Apr. 22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/25/49	23c. NAME OF CEMETERY OR CREMATORY St Francis Cemetry	23d. LOCATION (City, town, or county) St Francis (State) Kans
24. FUNERAL DIRECTOR T. B. Chaffin ADDRESS Ozark Mo.		25. DATE RECD. BY LOCAL REG. April 25-1959	26. REGISTRAR'S SIGNATURE Loretta Leonard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.