

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1959

59-026254

Registration District No. 298 Primary Registration District No. 6023 Registrar's No. 98

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knoxville Township</u>		Length of stay in 1b <u>5 1/2 years</u>		c. CITY OR TOWN <u>Pala, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile west Taittsville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mile west Taittsville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Miles</u> Last <u>BERRY</u>				4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-23-1871</u>		9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>			11. BIRTHPLACE (City and state or country) <u>Richmond, Mo. U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME <u>John Berry</u>				13b. MOTHER'S MAIDEN NAME <u>Nannie Wollard</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Belle Berry</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>494 40 4168</u>		17. INFORMANT Address <u>Claude Berry Pala, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral arteriosclerosis</u>		DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Myocarditis</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. _____		Month, Day, Year _____											
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		COUNTY		STATE					
21. I attended the deceased from <u>1932</u> to <u>July 15, 1959</u> and last saw him alive on <u>July 9, 1959</u> Death occurred at <u>12:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. E. Goldberg M.D.</u> (Degree or title)						22b. ADDRESS <u>Raymer, Mo.</u>			22c. DATE SIGNED <u>7/18/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-17-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>			23d. LOCATION (City, town, or county) <u>Cowgill Mo</u>			23e. STATE			
FUNERAL DIRECTOR <u>West Line Funeral Home</u> Address <u>Richmond, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>7-24-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *George G. Hill*

Licensed Embalmer No. 4066
P. O. Address *Rutledge*

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.