

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1959

59-031317

INDEXED

Registration District No. 270 Primary Registration District No. 6251 Registrar's No. 64851 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Wayne		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wappapello		Length of stay in 1b Minutes		a. STATE Oklahoma		b. COUNTY admission)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. East of Wappapello				Inside Limits Yes ☐ No ☒		d. STREET ADDRESS 721 S. Chickasaw		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First JOHN Middle HARRISON Last BERRY				4. DATE OF DEATH Month August Day 22 Year 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒		8. DATE OF BIRTH 3-14-1889		9. AGE (last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Joseph Berry				13b. MOTHER'S MAIDEN NAME Martha Elledge				14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes				16. SOCIAL SECURITY NO. 432-26-3367		17. INFORMANT Mrs. Betty Collins Claremore, Okla.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ 12:05 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. E. Bunker				(Degree or title) Wayne Co. Coroner		22b. ADDRESS Piedmont, Missouri		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-24-59		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Poplar Bluff, Missouri		(State)	
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.				ADDRESS Aug. 29, 1959		25. DATE RECD. BY LOCAL REG. Dretta Ward		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WAYNE

FILE

656' E T 100

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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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.