

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039595**

FILED VS NOV 24 1959

120

Primary Registration District No.

Registrar's No.

104

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Gentry</i>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Gentry</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson Twns.</i>		Length of stay in 1b	c. CITY OR TOWN <i>Stanberry</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Emi Southcrest Stanberry, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>P.R. #2</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>LUTHER THOMAS BERRY</i>			4. DATE OF DEATH Month Day Year <i>Nov. 18 1909</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-29-1890</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months Day Hours Min. <i>7 19</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>DeCATUR, Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Charles Berry</i>		13b. MOTHER'S MAIDEN NAME <i>Elsie STROOP</i>		14. NAME OF HUSBAND OR WIFE <i>Minnie Berry</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>49-42-3058</i>	17. INFORMANT Address <i>Mo. Mrs. Minnie Berry, Stanberry</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Coronary Artery Disease</i>					<i>years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis</i>					<i>years</i>	
DUE TO (c) <i>unknown.</i>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Central arteriosclerosis; recent stroke</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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	COUNTY	STATE	
21. I attended the deceased from <i>7-31-89</i> to <i>11-18-59</i> and last saw <sup>her</sup> him alive on <i>11-18-59</i> Death occurred at <i>3 1/2 AM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Albert L. Carlin, M.D.</i>			22b. ADDRESS <i>Stanberry, Mo.</i>		22c. DATE SIGNED <i>11-18-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-20-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Whitesville Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Whitesville, Mo.</i>		
24. FUNERAL DIRECTOR <i>Atony H. Phillips, Mo.</i>		ADDRESS <i>Stanberry</i>	25. DATE RECD. BY LOCAL REG. <i>11-20-1959</i>	26. REGISTRAR'S SIGNATURE <i>Mo. L. W. Bare</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 2 1959

MS  
ADM  
SA

FEB 3 1960

**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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stouffville

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.