

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 4 1960 - 1

STATE FILE NUMBER

Registration District No. 4102 Primary Registration District No. 50 Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cedar				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		Length of stay in 1b		c. CITY OR TOWN El Dorado Springs		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 610 S. High St.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 610 S. High St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Curtis Edward Berry				4. DATE OF DEATH Month Day Year Dec. 29, 1959				
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 8/2/1895		
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 4 Days 27		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer			11. BIRTHPLACE (City and state or country) Fair Play, Mo.		
12. CITIZEN OF WHAT COUNTRY U.S.A.								
13a. FATHER'S NAME Sam Berry			13b. MOTHER'S MAIDEN NAME Alice Baker			14. NAME OF HUSBAND OR WIFE Nellie Berry		
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. 600-10-7258			17. INFORMANT Mrs. Nellie Berry, El Dorado Springs, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonaire Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Pulmonary TB 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							INTERVAL BETWEEN ONSET AND DEATH Immediate 1 year plus 1 year plus	
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 5/18/59 to 12/28/59 and last saw him alive on 12/28/59 Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. H. Sunderwirth D.O.				22b. ADDRESS El Dorado Springs, Missouri		22c. DATE SIGNED 12/30/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/31/1959		23c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.		23d. LOCATION (City, town, or county) (State) Cedar County, Mo.		
24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.				25. DATE RECD. BY LOCAL REG. 12-56-59		26. REGISTRAR'S SIGNATURE Ruth M. Nafus Rn. Hugh S. Allen		

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.