

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000507

FILED VS JAN 26 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Callaway		b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		a. STATE Missouri		b. COUNTY Callaway	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Memorial Hosp.		Length of stay in 1b 34yrs.		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 822 Vine Street		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Ethel		Middle Marie		Last Berry		Month Day Year Jan. 21, 1960	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 13, 25-	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days 11 8	IF UNDER 24 HR Hours Min. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Othel Woodley			13b. MOTHER'S MAIDEN NAME Mattie Byrd		14. NAME OF HUSBAND OR WIFE John D. 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.		17. INFORMANT Address Mr. John D. Berry, 822 Vine, Fulton Mo.			
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 3 weeks	
IMMEDIATE CAUSE (a)		Periperal Toxemia with Infection					
DUE TO (b)		Diabetic Nephritis					
DUE TO (c)		Hypertensive Cardiac Renal Vasc. Dis.					
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. <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 11:45 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2/17/60 to 1/22/60 and last saw her alive on 1/21/60		Death occurred at Callaway Hosp. 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George F. Wood			22b. ADDRESS Fulton Mo.			22c. DATE SIGNED 1/22/60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 24 January 60	23c. NAME OF CEMETERY OR CREMATORY Southside Cemetery		23d. LOCATION (City, town, or county) Fulton, Missouri			
24. FUNERAL DIRECTOR George F. Wood, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 23-1960		26. REGISTRAR'S SIGNATURE Martha Lawrence			

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 *Lucretia Green*

Licensed Embalmer No. 423

P. O. Address *Galtman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.