URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960 360

-60-009634
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 29

AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township
Length of stay in 1b 41y 8 mos 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital N. 3
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Unknown
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Unknown (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DORA Middle ALICE Last BERKLEY
4. DATE OF DEATH Month 2 Day 5 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ ? Divorced ☐
8. DATE OF BIRTH 8/25/1876
9. AGE (last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Higman
13b. MOTHER'S MAIDEN NAME Mary Morgan
14. NAME OF HUSBAND OR WIFE Albert Mason Berkley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital records Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular-renal disease
INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
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 12/31/1956 to 2/5/1960 and last saw her/him alive on 2/5/1960
Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Osky MD (Degree or title)
22b. ADDRESS State Hospital No 3 Nevada Mo.
22c. DATE SIGNED 2/5/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-6-60
23c. NAME OF CEMETERY OR CREMATORY Washington University
23d. LOCATION (City, town, or county) St. Louis (State) Missouri
24. FUNERAL DIRECTOR Eichinger Funeral Home ADDRESS Nevada, Mo.
25. DATE RECD. BY LOCAL REG. 2-16-1960
26. REGISTRAR'S SIGNATURE Amar E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, I

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