

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026118

FILED VS AUG 10 1960

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Primary Registration District No. **5179**

Registrar's No. **32**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Camden b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 5, South			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden c. CITY OR TOWN Camdenton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Hwy 5, South Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Louis Charles Berrie			4. DATE OF DEATH Month Day Year Aug. 3, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR 10 Months 27 Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Hartford Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis Berrie		13b. MOTHER'S MAIDEN NAME Sarah Compton	14. NAME OF HUSBAND OR WIFE Rose Berrie		
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. 446-05-1342	17. INFORMANT Address Mrs Rose Berrie, Camdenton 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) NEURO-CIRCULATORY COLLAPSE DUE TO (b) CEREBRAL VASCULAR ACCIDENT DUE TO (c) CEREBRAL ARTERIO-SCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 7 wks.
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 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"/> 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 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 6-13-60 to 8-2-60 and last saw ^{him} live on 8-2-1960 Death occurred at 2:00 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L. B. Holley</i> (Degree or title) MD.			22b. ADDRESS CAMDENTON		22c. DATE SIGNED 8-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/6/60	23c. NAME OF CEMETERY OR CREMATORY Dale Blair Cemetery	23d. LOCATION (City, town, or county) (State) Camdenton, Missouri		
24. FUNERAL DIRECTOR ADDRESS Reed Funeral Home, Camdenton Mo		25. DATE RECD. BY LOCAL REG. Aug. 7-1960	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Straw</i>		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 10 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenston Md

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