JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038239
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4235 Registrar's No. 124

NDED

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Annapolis — Length of stay in 1b: 35 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Own Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First / Middle / Last: William Jefferson Berry
4. DATE OF DEATH: Month / Day / Year: Oct 28, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-3-1883
9. AGE (last birthday): 77 — 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): Timber worker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (City and state or country): Bruno, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Berry
13b. MOTHER'S MAIDEN NAME: Margaret Marsh
14. NAME OF HUSBAND OR WIFE: Delia Berry
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.: 491-16-6856
17. INFORMANT: Della Berry, Address: Annapolis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arterio-sclerosis
DUE TO (c): —
INTERVAL BETWEEN ONSET AND DEATH:
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 ~~to~~ attended after death and last saw ~~he~~ him alive on after deceased
Death occurred at 7.50 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Glenn Newman D.O. (Degree or title)
22b. ADDRESS: Centerville, Mo.
22c. DATE SIGNED: 10-29-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-30-60
23c. NAME OF CEMETERY OR CREMATORY: Annapolis City Ceme
23d. LOCATION (City, town, or county) (State): Annapolis
24. FUNERAL DIRECTOR: Pewitt Funeral Home, Ellington, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-1-60
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4574

P.O. Address Ellington, Mo.

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