

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-023836
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 221

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED AUG 14 1961

1. PLACE OF DEATH
a. COUNTY **Adair**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kirksville** Length of stay in 1b **2 wks**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~RESURX~~ **Laughlin Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Adair**
c. CITY OR TOWN **Kirksville** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **215 N. High St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **WILL** Middle **BERRY** Last
4. DATE OF DEATH Month **August** Day **6** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **8/29/74** 9. AGE (last birthday) **86** 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) **retired merchant** 10b. KIND OF BUSINESS OR INDUSTRY **grocery** 11. BIRTHPLACE (City and state or country) **Adair Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U S**

13a. FATHER'S NAME **Joseph Berry** 13b. MOTHER'S MAIDEN NAME **Rachel Hertzler** 14. NAME OF HUSBAND OR WIFE **Ellen Waddill 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. **No** 17. INFORMANT **Helen Lile, Kirksville, Mo.** 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) **Toxemia** INTERVAL BETWEEN ONSET AND DEATH **2 days**
DUE TO (b) **Acute renal failure and uremia** (4 or 5 days) **4 days**
DUE TO (c) **Prostatism; surgical shock and arteriosclerotic vascular disease** **Unknown**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Congestive heart failure** 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 Month, Day, Year a.m. p.m.

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 **July 25, 1961** to **Aug. 6, 1961** and last saw him alive on **Aug. 6, 1961**
Death occurred at **9:37 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Jessie W. Rattiff** 22b. ADDRESS **Kirksville, Mo.** 22c. DATE SIGNED **8-7-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/8/61** 23c. NAME OF CEMETERY OR CREMATORY **Highland Park** 23d. LOCATION (City, town, or county) (State) **Kirksville, Adair, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Foster Memorial Home, Kirksville, Mo.** 25. DATE RECD. BY LOCAL REG. **Aug 7, 1961** 26. REGISTRAR'S SIGNATURE **Jessie W. Rattiff**

JACK
AUSTER,
D.D.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.