

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-025873

AMENDED

FILED JUL 28 1961

Primary Registration District No.

4293

Registrar's No.

24

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                     |  |                                                                                                           |                                      |                                                                                                                                                             |                                 |                                                                             |                                                                                      |                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lincoln</b>                                                                                                                                                                                                                                       |  |                                                                                                           |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>                  |                                 |                                                                             |                                                                                      |                                                                                                                                                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>OR TOWN Elsberry</b>                                                                                                                                                                                                |  |                                                                                                           | Length of stay in 1b<br><b>7 mo.</b> |                                                                                                                                                             | c. CITY OR TOWN <b>Elsberry</b> |                                                                             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                                                                                                                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2108 3rd St.</b>                                                                                                                                                                                  |  |                                                                                                           |                                      | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                 | d. STREET ADDRESS (If outside, give location)<br><b>210 S 3rd St.</b>       |                                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>EDITH</b> Middle <b>ETHEL</b> Last <b>BERKLEY</b>                                                                                                                                                                                   |  |                                                                                                           |                                      | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>16</b> Year <b>1961</b>                                                                                        |                                 |                                                                             |                                                                                      |                                                                                                                                                                      |  |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                             |  | 6. COLOR OR RACE<br><b>White</b>                                                                          |                                      | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |                                 | 8. DATE OF BIRTH<br><b>12-4-1893</b>                                        |                                                                                      | 9. AGE (last birthday)<br><b>67</b> Months <b>7</b> Days <b>12</b> Hours <b></b> Min. <b></b>                                                                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>                                                                                                                                                                     |  |                                                                                                           |                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>                                                                                                       |                                 | 11. BIRTHPLACE (City and state or country)<br><b>Atlas Ill</b>              |                                                                                      | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                         |  |
| 13a. FATHER'S NAME<br><b>John Turner</b>                                                                                                                                                                                                                                            |  |                                                                                                           |                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Georgia Golden</b>                                                                                                          |                                 | 14. NAME OF HUSBAND OR WIFE<br><b>Wm Berkley</b>                            |                                                                                      |                                                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None</b>                                                                                                                                                             |  |                                                                                                           |                                      | 16. SOCIAL SECURITY NO.<br><b>498-22-5510A</b>                                                                                                              |                                 | 17. INFORMANT<br><b>Wm Berkley</b> Address <b>210 S 3rd St Elsberry Mo.</b> |                                                                                      |                                                                                                                                                                      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |                                                                                                           |                                      |                                                                                                                                                             |                                 |                                                                             |                                                                                      | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 DAY</b>                                                                                                                     |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b></b> a.m. <b></b> p.m. <b></b>                                                                                                                                                                                                                       |  | Month, Day, Year <b></b>                                                                                  |                                      |                                                                                                                                                             |                                 |                                                                             |                                                                                      |                                                                                                                                                                      |  |
| 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 <b>7-16-61</b> to <b>7-16-61</b> and last saw her <b>alive</b> on <b>7-15-61</b><br>Death occurred at <b>11:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                          |  |                                                                                                           |                                      |                                                                                                                                                             |                                 |                                                                             |                                                                                      |                                                                                                                                                                      |  |
| 22a. SIGNATURE (Degree or title)<br><b>[Signature]</b>                                                                                                                                                                                                                              |  |                                                                                                           |                                      | 22b. ADDRESS<br><b>ELSBERY, MO</b>                                                                                                                          |                                 |                                                                             |                                                                                      | 22c. DATE SIGNED<br><b>7/18/61</b> (State)                                                                                                                           |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                          |  | 23b. DATE<br><b>July 18 1961</b>                                                                          |                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Star Hope Cemetery</b>                                                                                             |                                 | 23d. LOCATION (City, town, or county)<br><b>Lincoln County MO.</b>          |                                                                                      |                                                                                                                                                                      |  |
| 24. FUNERAL DIRECTOR<br><b>DW. McBoys Jr. mo</b> ADDRESS <b></b>                                                                                                                                                                                                                    |  |                                                                                                           |                                      | 25. DATE RECD. BY LOCAL REG.<br><b>7/20/1961</b>                                                                                                            |                                 | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clarence Kientz</b>                    |                                                                                      |                                                                                                                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1962

**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 D. W. McCoy

Licensed Embalmer No. 13586

P. O. Address Trujillo

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.