

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033864

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 58

FILED SEP 21 1961

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-UNION TWP</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>UNIONVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIONVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE Kenneth BERRY</u>			4. DATE OF DEATH Month Day Year <u>Sept-11 61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-03</u>	9. AGE (last birthday) <u>58</u> Months <u>2</u> Days <u>17</u>	IF UNDER 1 YEAR IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BULK TANK GAS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER and OPERATOR</u>	11. BIRTHPLACE (City and state or country) <u>PUTNAM Co MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>JOHN L. BERRY</u>	13b. MOTHER'S MAIDEN NAME <u>DELLA MAPLE</u>	14. NAME OF HUSBAND OR WIFE <u>PAULINE BERRY</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>PAULINE BERRY - UNIONVILLE MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	DUE TO (b)	<u>10 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

Coronary occlusion of minute arteries & hypertension

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from Sept 11-61 to Sept 11-61 and last saw him alive on Sept 11-61
Death occurred at 6:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas L. Spalding</u> (Degree or title)	22b. ADDRESS <u>Unionville MO</u>	22c. DATE SIGNED <u>9-12-61</u>
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23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>B</u>	23b. DATE <u>9-12-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEM.</u>	23d. LOCATION (City, town, or county) <u>UNIONVILLE MO</u>
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24. FUNERAL DIRECTOR <u>FO. HUSTED Son Unionville MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Murl B. Husted

Licensed Embalmer No. 3304

P. O. Address Univ. of

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.