

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

35-62-000804
STATE FILE NUMBER

DATE AMENDED
AMENDED
ITEM NO.
SHOULD READ
BY AFFIDAVIT OF

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 35

FILED JAN 24 1962

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole.</u> | | 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | c. CITY OR TOWN <u>Jefferson City Mo.</u> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 E Miller</u> | | d. STREET ADDRESS (If outside, give location) <u>607 E Miller</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>BERRY</u> Last <u>BERRY</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>16</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/2/90</u> |
| 9. AGE (last birthday) <u>72</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Callaway County Mo U.S.A.</u> | |
| 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jerry Branham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Polly Brown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Joseph Berry</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT <u>Estella Digg</u> Address <u>J.C. Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exsanguination</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bleeding Esophageal Varices</u> | | | <u>2 Mo.</u> |
| DUE TO (c) <u>Portal Cirrhosis</u> | | | <u>Unk.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | 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 checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | 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 <u>April 5, 1960</u> and last saw her alive on <u>Jan 16, 1962</u> | | and last saw him alive on <u>Jan 15, 1962</u> | |
| Death occurred at <u>4:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>William O. Love Do.</u> | | 22b. ADDRESS <u>500 Lafayette Jefferson City, Missouri</u> | 22c. DATE SIGNED <u>1/19/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1/20/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon</u> | 23d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Robert Dulle</u> ADDRESS <u>J.C. Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>22 January 1962</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D. - Richter, D.D.</u> | |

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 Sylvester Gulle

Licensed Embalmer No. 4321

P. O. Address Jafferson City 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.