MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011887
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0621
2 0621
3
4 0
5 1
6
7 0
8 2
9 4200
10
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12 90-0
13 1-0

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 31

FILED APR 4 1962

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Length of stay in Ib: 11 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 W. MARVIN — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN FREDERICKTOWN — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 405 W. MARVIN — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: HENRY Middle: EVAN Last: BERRY

4. DATE OF DEATH Month: MARCH Day: 27 Year: 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-8-1882
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months 3 Days 19
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER-Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Madison Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN BERRY
13b. MOTHER'S MAIDEN NAME: Elizabeth Forrester
14. NAME OF HUSBAND OR WIFE: JODA 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.: NONE
17. INFORMANT: MRS. JODA BERRY, Address: FREDERICKTOWN, 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) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

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 JAN 1954 to 3-27-62 and last saw him alive on 3-17-62
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. E. Carlton (Degree or title) M.D
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 3-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-30-1962
23c. NAME OF CEMETERY OR CREMATORY: Little Vine Cemetery
23d. LOCATION (City, town, or county) (State): Madison County Missouri

24. FUNERAL DIRECTOR ADDRESS: SAM NAJIM, Jr., Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 3-30-1962
26. REGISTRAR'S SIGNATURE: Florence Nichols

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown 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.