

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

No. 45-62-019900

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 31 1962

Primary Registration District No.

Registrar's No. 65

VS 300  
Rev. 4/5910860  
284802

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		c. CITY OR TOWN Tomah	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 1415 Kilbourn Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last Stella Ann Berry		4. DATE OF DEATH Month Day Year May 22 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-9-41
9. AGE (last birthday) 20		10. IF UNDER 1 YEAR Months 11 Days 13	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewardess Cont. Air Line		12. KIND OF BUSINESS OR INDUSTRY Richland Co. Wis	
13a. FATHER'S NAME James S. Berry		13b. MOTHER'S MAIDEN NAME Palma Sunderson	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. 396-40-3838	
16. INFORMANT James S. Berry		17. ADDRESS Tomah, Wis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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. <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 checked="" 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.) Crash of Continental Flight 11			
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 5-22-62			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) on farm	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22. CITY, TOWN, OR LOCATION Union Twp. Putnam Mo.	
22a. SIGNATURE (Typed or title) <i>Charles L. Johnson</i>		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5-25-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-25-62	
23c. NAME OF CEMETERY OR CREMATORY Three Points Cemetery		23d. LOCATION (City, town, or county) (State) Richland Center, Wisconsin	
24. FUNERAL DIRECTOR <i>Hugh S. Johnson</i>		25. DATE RECD. BY LOCAL REG. 5-25-62	
26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>			

(Licensed Embalmer's Statement on Reverse Side)

**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 Neph S. Johnson  
3487  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address Centerville, Ia

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.