

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021970

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 820 STATE FILE NUMBER

FILED JUL 16 1962

VS 300 Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF L. H. Pifer, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</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>2725 So 19th</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2725 So 19th</u>
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>Leroy</u> Last <u>Berry</u>		4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 27, 1921</u>
9. AGE (last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William C Berry</u>	
13b. MOTHER'S MAIDEN NAME <u>Daisy Toothman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWII</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Daisy Antle, St. Joseph, 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>PULMONARY EDEMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>
DUE TO (b) <u>CARDIAC DECOMPENSATION</u>			<u>1 MONTH</u>
DUE TO (c) <u>MUSCULAR DYSTROPHY</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MUSCULAR DYSTROPHY</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <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 <u>St. Joseph, Mo</u>
21. I attended the deceased from <u>May 1, 1959</u> to <u>JUNE 11, 1962</u> and last saw her alive on <u>JUNE 11, 1962</u> Death occurred at <u>5:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>L. H. Pifer, M.D.</u>	
22b. ADDRESS <u>1302 Faxon</u>		22c. DATE SIGNED <u>7-13-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/20/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nat'l Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth Kansas</u>
24. FUNERAL DIRECTOR <u>John C. Keefe</u>		25. DATE RECD. BY LOCAL REG. <u>July 13, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Sandell</u>

USE BLACK INK

OR TYPEWRITER RIBBON

2001 9 7 700 SA

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,

by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.