

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028324

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 309

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 24 1962	
<p>1. PLACE OF DEATH a. COUNTY St. Francois</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington - rural St. Francois: IWP. Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas-Dell Nursing Home Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois</p> <p>c. CITY OR TOWN Farmington Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) RFD # 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
3. NAME OF DECEASED (Type or print) First Ida Middle _____ Last Berry	
4. DATE OF DEATH Month July Day 20 Year 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/15/1890
9. AGE (last birthday) 72	IF UNDER 1 YEAR: Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during period of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and state or country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Hosea Stevens	13b. MOTHER'S MAIDEN NAME Mary Settles
14. NAME OF HUSBAND OR WIFE _____	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or No known) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____	17. INFORMANT Marvin Dawson Address 4116 East Green Lea, St. Louis, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) MEDULLARY PARALYSIS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOTIC ENCEPHALOMALACIA OLD AND NEW	
DUE TO (c) ARTERIOSCLEROSIS	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____	
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 11-26-57 to 7-20-62 and last saw her alive on 7-20-62 . Death occurred at 9:15 AM. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) K.A. Mendigato M.D.	22b. ADDRESS Farmington MO
22c. DATE SIGNED 7-21-62	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/23/62	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
23d. LOCATION (City, town, or county) Knob Lick, Missouri	24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo. ADDRESS _____
25. DATE RECD. BY LOCAL REG. July 21, 1962	26. REGISTRAR'S SIGNATURE Ether Rudloff

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.