

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001247

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 16

FILED JAN 21 1963

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota COUNTY Crow Wing	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b minutes	c. CITY OR TOWN Crosby Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Railroad Yards		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARRY Middle MILTON Last BERRUM			4. DATE OF DEATH Month Jan. Day 13, Year 1963		
5. SEX male	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 Dec. 9, 1887	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and state or country) Minnesota	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Carl Berrum	13b. MOTHER'S MAIDEN NAME Mina Hansen	14. NAME OF HUSBAND OR WIFE XXXXXXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no	16. SOCIAL SECURITY NO. 48	17. INFORMANT Address Mrs. Ruth McMurtrie, El Paso, Tex.
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18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Probably due to Coronary Occlusion**

DUE TO (c) **Ascites of feet and legs,**

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
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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.) Person dead on arrival at Trenton aboard
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20c. TIME OF INJURY Hour am. Month, Day, Year Train, Rock Island # 18	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.) Densec & Slater	20f. CITY, TOWN, OR LOCATION County Coroner, Trenton, Mo.	COUNTY	STATE
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21. I attended the deceased from XXXXXXXX to Jan. 13, 1963 and last saw him alive on XXXXXX
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Death occurred at **about 1:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Irone Fair, Local Registrar	22b. ADDRESS Trenton Mo.	22c. DATE SIGNED 1-15-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery	23d. LOCATION (City, town, or county) Minneapolis, Minn.
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24. FUNERAL DIRECTOR Donald Slater	ADDRESS Trenton, Missouri	25. DATE RECD. BY LOCAL REG. 1-15-63	26. REGISTRAR'S SIGNATURE Irone Fair
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 3
 4 **0**
 5 **2**
 6
 7 **1**
 8 **2**
 9 **420.1**
 10
 11
 12 **91-8**
 13 **1-0**
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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

Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

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.