

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042752

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Salt River Township

Length of stay in 1b  
Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 3 mi. N. Mex. Rt. J

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Audrain

c. CITY  
OR  
TOWN

Mexico

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)  
RFD #4

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First  
WALTER

Middle  
CALEB

Last  
BERRY

4. DATE  
OF  
DEATH

Month Day Year  
November 30, 1963

5. SEX  
Male

6. COLOR OR RACE  
Caucasian

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/30/1878

9. AGE (last birthday)  
84

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Agriculture

11. BIRTHPLACE (City and state or country)  
Audrain Co., Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Caleb Berry

13b. MOTHER'S MAIDEN NAME

Elizabeth McCall

14. NAME OF HUSBAND OR WIFE

Floy (Hubbard) Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT  
Mrs. Floy Berry - Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH  
2 months

DUE TO (b)

Coronary Heart Disease

8 years

DUE TO (c)

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.

☐ 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. Month, Day, Year p.m.

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 3/1/58 to 11/30/63 and last saw him alive on 11-28-63  
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Ernest J. Yant MD

22b. ADDRESS

Mexico, Mo.

22c. DATE SIGNED  
12-2-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12/3/1963

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

23d. LOCATION (City, town, or county)

Mexico, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home - Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

12-2-1963

26. REGISTRAR'S SIGNATURE

Alberta Edmonston

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10040

20040

3

4

5

6

7

8

94201

10

11

1290-0

13 30

FEB 11 1964

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

W. J. Kunkel

Student Embalmer No.

720

working under my personal supervision.

Student

W. J. Kunkel  
Signature of Student Embalmer

Signed

Kenneth E. Hayes

Licensed Embalmer No.

4890

P. O. Address

Mexico, 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.