

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-048605**

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5662 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 7 1964**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Belle</u>		Length of stay in 1b <u>20 Yrs.</u>	c. CITY OR TOWN <u>La Belle</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hunter Rest Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>La Belle</u>		
3. NAME OF DECEASED (Type or print) <u>Mina Berryman</u>			First	Middle	Last	
4. DATE OF DEATH <u>December 30, 1963</u>			Month	Day	Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/20/1873</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>10 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Estell County, Kentucky U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Elkins</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Berryman</u>		14. NAME OF HUSBAND OR WIFE <u>Harlan Berryman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs. Elizabeth Hettinger Hurdland</u> Address <u>MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					<u>Years</u>	
DUE TO (c) <u>Senility</u>						
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 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> a.m. <u>          </u> p.m. <u>          </u>	Month, Day, Year <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	COUNTY	STATE		
21. I attended the deceased from <u>Mar 16 1963</u> to <u>Dec 30 1963</u> and last saw her alive on <u>Dec 26 1963</u> Death occurred at <u>3:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Kenneth Flower D.O.</u> (Degree or title)			22b. ADDRESS <u>Newark MO.</u>		22c. DATE SIGNED <u>12-31-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/1/1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	23d. LOCATION (City, town, or county) <u>La Belle, Missouri</u>	(State)		
24. FUNERAL DIRECTOR <u>J. C. Coder Jr. La Belle, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-3-64</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>		

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 \_\_\_\_\_

Licensed Embalmer No. 4328

P. O. Address La Belle, Md.

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.