

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34223

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>383</u>	PRIMARY REG. DIST. NO. <u>5655</u>	Registrar's No. <u>126</u>
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>D.</u> c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-27-93</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>William Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Boone</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Berry</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-16-4224</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Heart Failure</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Tuberculosis</u>  INTERVAL BETWEEN ONSET AND DEATH <u>abt. 2 yrs.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>4-15-50</u> , 19 <u>50</u> , to <u>10-21-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-20-</u> , 19 <u>51</u> , and that death occurred at <u>3</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>C. A. Osashter M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>10-22-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brun - Daniel Funeral Home</u> ADDRESS _____		
DATE REC'D BY LOCAL REG. <u>Oct 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Carol Handrick</u>		

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 26 1951

Dist. File

Date Filed

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### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

Licensed Embalmer No. 4702

P. O. Address Ash Grove 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 this body is not embalmed, fact should be so stated above.