

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035785

FILED VS. NOV 16 1959

128

Primary Registration District No. 2000

Registrar's No. 1185A

STATE FILE NUMBER

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 18 Days		c. CITY OR TOWN Ash Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Ash Grove, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MILLARD Middle W. Last BERRY				4. DATE OF DEATH Month Nov Day 3 Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1920	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Greene Co. Courthouse		11. BIRTHPLACE (City and state or country) Ash Grove, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Luther Berry		13b. MOTHER'S MAIDEN NAME Mamie White		14. NAME OF HUSBAND OR WIFE Jean Berry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If negative war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 493-16-7891		17. INFORMANT Address Jean Berry--Ash Grove, 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) Cerebral vascular disorder Brain stem Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 8 days	
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 Oct 25 '59 to Nov 2 '59 and last saw her alive on Nov 2 '59 Death occurred at Nov 3 '59 1:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John P. K. Hargis M.D. (Degree or title)				22b. ADDRESS 1636 S. Gleason Springfield		22c. DATE SIGNED 11-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 5, 59		23c. NAME OF CEMETERY OR CREMATORY Berry Cemetery		23d. LOCATION (City, town, or county) (State) Ash Grove, Missouri	
24. FUNERAL DIRECTOR Brown - Russell - Dick Bros. - No 11-9-59		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-9-59		26. REGISTRAR'S SIGNATURE Effie G. Melton	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 9 T AON SA

MAY 27 1967

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 _____
Signature of Licensed Embalmer

Licensed Embalmer No. 4702

P. O. Address _____
New.

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.