

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12692

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundt</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>TRENTON</u>		c. LENGTH OF STAY (in this place) <u>10402</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		d. STREET ADDRESS (If rural, give location) <u>Dinette Apts.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COLLERS HOSP</u>									
3. NAME OF DECEASED a. (First) <u>MARK</u> b. (Middle) <u>ROSE</u> c. (Last) <u>BERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH, 26, 1950</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JUNE 5 1947</u>			
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>		IF UNDER 4 HRS. Hours <u>1</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>TRENTON, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Wm BERRY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MILLEMON</u>			14. NAME OF HUSBAND OR WIFE <u></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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Berry</u>		ADDRESS <u>Trenton Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis (Virus)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>  <u>3400</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)					
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>March 24, 1950</u> , to <u>March 26, 1950</u> , that I last saw the deceased alive on <u>March 26, 1950</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>3/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-27-50</u>		REGISTRAR'S SIGNATURE <u>Irene J. J...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackburn</u>		ADDRESS <u>Trenton Mo.</u>			

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

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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,

..... *Myself* .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. *34214*

P. O. Address *Irene*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.