No. 300
10-48

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16418

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2000 Registrar's No. 481-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield 0290
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Mae
c. (Last): Berry

4. DATE OF DEATH (Month) (Day) (Year): May 20 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar 4, 1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days: IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Dade Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Armond Berry
13b. MOTHER'S MAIDEN NAME: Emma Mae Asbell
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Armond Berry
ADDRESS: Greenfield Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 2 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 5 d.
DUE TO (c) Pertussis — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
0561

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-16, 1950, *to* 5-20, 1950, *that I last saw the deceased alive on* 5-20, 1950, *and that death occurred at* 6:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-22-50
24c. NAME OF CEMETERY OR CREMATORY: Greenfield
24d. LOCATION (City, town, or county) (State): Greenfield Mo

DATE REC'D BY LOCAL REG.: 6-1-50
REGISTRAR'S SIGNATURE: W. E. Hardly MD
25. FUNERAL DIRECTOR'S SIGNATURE: U. R. Allison
ADDRESS: Greenfield

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me.

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.