

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5420 State File No. 724

BIRTH NO.		REG. DIST. NO. 106	PRIMARY REG. DIST. NO. 4178	Registrar's No. 1
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gibson Holcomb Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gibson - Holcomb Twp</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>city 0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>Berry</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 20 1897</u>	9. AGE (In years last birthday) <u>73</u> 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u> 11. IF UNDER 18 HRS. Hours <u>1</u> Min.
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 (State or foreign country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Bibb Cash</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Chilituch</u>		14. NAME OF HUSBAND OR WIFE <u>Vernard Berry</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Vernard Berry</u> ADDRESS <u>Gibson Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo Pneumonia Bi-Lateral</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c)		
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>4 days</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan 24, 1951</u> , to <u>Jan 28, 1951</u> , that I last saw the deceased alive on <u>Jan 27, 1951</u> , and that death occurred at <u>6:30 P.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>H. J. Britledge M.D.</u> (Degree or title)		23b. ADDRESS <u>Campbell Mo</u>		23c. DATE SIGNED <u>1-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stantfield Cemetery Clarkton Mo</u>
24d. LOCATION (City, town, or county) (State) <u>R-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda S. S. Funeral Home Mo</u> ADDRESS <u>Campbell</u>		
DATE REC'D BY LOCAL REG. <u>2-7-51</u>		REGISTRAR'S SIGNATURE <u>J. Anderson 89</u>		

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

0350

0350

491X

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-9-51

COUNTY FILE NUMBER 251-32

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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.