

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13250

State File No.

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>119</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Marion.</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>RAIL'S</u>		
c. LENGTH OF STAY (in this place) <u>31 DAYS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saline Township Rural.</u>		d. STREET ADDRESS (If rural, give location) <u>Monroe City</u>		<u>0870</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>								
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>ADDIE</u>	b. (Middle) <u>ESTELLE</u>	c. (Last) <u>BERRY</u>	(Month) <u>APRIL</u>	(Day) <u>5</u>	(Year) <u>1951</u>			
(Type or Print)								
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>2 OCTOBER 1875</u>	9. AGE (In years last birthday) <u>75.</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home.</u>		11. BIRTHPLACE (State or foreign country) <u>RAIL'S COUNTY Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN F SHUCK.</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Ann CHISHAM</u>		14. NAME OF HUSBAND OR WIFE <u>ALVA BERRY.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alva A. Shuck</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>Monroe City Mo</u>		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pa of Kidney (left)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months.</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u></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.						
19a. DATE OF OPERATION <u>Nov. 23-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>		180x		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) (Minute)		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 1951</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>Apr 5, 1951</u> , and that death occurred at <u>10:45 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Alva A. Shuck</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>Apr-9-51</u>		
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4/9/51</u>		REGISTRAR'S SIGNATURE <u>W. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & Son's</u>		ADDRESS <u>Monroe City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

644

RECEIVED APR 23 1951
MARION CO. HEALTH DEPT.
DATE FILED APR 24 1951

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 me

working under my personal supervision.

Student Embalmer No.

Signed

Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.