

5. No. 300
10. 40

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7976
State File No.

FILED APR 7 1952

BIRTH NO. REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **326**

1. PLACE OF DEATH
a. COUNTY **GREENE**
b. CITY OR TOWN **Springfield**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **MARK OSTEOPATHIC HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Rowls**
c. CITY OR TOWN **Monroe City, RURAL**
d. STREET ADDRESS **Rt. 2**

3. NAME OF DECEASED (First) **Thomas Edgar Berry** (Middle) (Last)
4. DATE OF DEATH (Month) (Day) (Year) **4-1-52**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
8. DATE OF BIRTH **9-6-1870** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farmer** 11. BIRTHPLACE (State or foreign country) **Monroe City - Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Newton Jasper Berry** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Bertha**

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. **no** 17. INFORMANT'S SIGNATURE OR NAME **Wm Lee Berry** ADDRESS **Seymour, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Medullary Failure**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Thrombotic Encephaloma-lacia**
DUE TO (c) **Advanced Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Fracture of rt. hip and osteomyelitis**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **Open reduction of the fracture of the neck of the rt. hip** 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) **Springfield** (STATE) **Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **332XF**

22. I hereby certify that I attended the deceased from **Feb 10**, 1952, to **April 1**, 1952, that I last saw the deceased alive on **April 1**, 1952, and that death occurred at **10:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Isabelle White, M.D.** (Degree or title) 23b. ADDRESS **Springfield, Mo.** 23c. DATE SIGNED **4/1/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **4-4-52** 24c. NAME OF CEMETERY OR CREMATORY **Oakland Cemetery** 24d. LOCATION (City, town, or county) (State) **Rowls, Mo**

DATE REC'D BY LOCAL REG. **4-4-52** REGISTRAR'S SIGNATURE **James R. Ames, M.D.** FUNERAL DIRECTOR'S SIGNATURE **Wm Lee Berry** ADDRESS **Seymour, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

396
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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, or by _____

working under my personal supervision.

Student embalmer No.

Signed

H. W. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.