

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **34073**

FILED OCT 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 339

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>	
c. LENGTH OF STAY (In this place) <b>1</b> year		d. STREET ADDRESS (If rural, give location) <b>915 South Florence Ave.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>915 South Florence Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>ANN</b>	
c. (Last) <b>BERRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-10-52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <b>Widowed</b>	8. DATE OF BIRTH <b>12-26-1868</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>sturgeon, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dennis Edward Benson</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Bedelia Hanley</b>	
14. NAME OF HUSBAND OR WIFE <b>J. W. Berry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy Boothe</b>		ADDRESS <b>201 Price, Columbia, Mo.</b>	
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) <b>Cardiac-Chronic Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
ANTECEDENT CAUSES <b>Cardio-vascular-Renal Disease</b>		DUE TO (b) <b>5-10 years</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>2 years</b>	
11. OTHER SIGNIFICANT CONDITIONS: <b>Trigeminal neuralgia</b>			
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-21, 1952</b> , to <b>10-10, 1952</b> , that I last saw the deceased alive on <b>10-9, 1952</b> , and that death occurred at <b>8:45 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. A. Nelson</b>		23b. ADDRESS <b>Kirkville, Mo.</b>	
23c. DATE SIGNED <b>10-10-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-12-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Red Top Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hallsville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-13-52</b>		REGISTRAR'S SIGNATURE <b>Walter Lambert</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Lambert</b>		ADDRESS <b>Central Mo.</b>	

OCT 20 1952

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

*Bill J. Madar*

Signed.....

Student Embalmer

Licensed Embalmer No. *4876*

P. O. Address *Sturgeon, 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.