

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39974

FILED DEC 12 1952

State File No.

10851

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				b. COUNTY Vigo					
c. LENGTH OF STAY (in this place) 19 DAYS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Terre Haute 8130					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 24 N. 35th St.					
3. NAME OF DECEASED (Type or Print)		a. (First) Chauncey		b. (Middle) Christian		c. (Last) BERRY			
4. DATE OF DEATH		(Month) 11		(Day) 24		(Year) 52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 5, 1900		9. AGE (In years last birthday) 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Christian C. Berry		13b. MOTHER'S MAIDEN NAME Lucinda Biggs		14. NAME OF HUSBAND OR WIFE Loula					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loula Berry, Terre Haute, Ind.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA OF RIGHT LUNG									
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 11/11/52		19b. MAJOR FINDINGS OF OPERATION EXPLORATORY THORACOTOMY				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? 162X					
22. I hereby certify that I attended the deceased from 11/6, 1952 , to 11/24, 1952 that I last saw the deceased alive on 11/24, 1952 , and that death occurred at 11:00pm. , from the causes and on the day stated above.									
23a. SIGNATURE (Name or Title) James H. Smith M.D.				23b. ADDRESS BARNES Hospital St. Louis		23c. DATE SIGNED 24 Nov 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-25-52		24c. NAME OF CEMETERY OR CREMATORY Highland Lawn		24d. LOCATION (City, town, or county) (State) Terre Haute, Ind.			
DATE REC'D BY LOCAL REG. NOV 25 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd					

(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 John J. Hines
Licensed Embalmer No. 4128
P. O. Address St. Louis 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.