

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2469**
REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **22**

FILED JAN 20 1953
BIRTH NO.

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 1874			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 904 So. Ohio			
3. NAME OF DECEASED (Type or Print) MATTIE			a. (First)	b. (Middle)	c. (Last) BERRY	4. DATE OF DEATH Jan 15 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec-1-1876		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS. Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Pettis Co Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gaines Berry			13b. MOTHER'S MAIDEN NAME Elizabeth Seed		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Sam Grinstead			ADDRESS Sedalia	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia, Fulminating.					INTERVAL BETWEEN ONSET AND DEATH 4 days.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Influenza,					6 days.	
	DUE TO (c) XXX						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXX					480 X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No to all		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury.			
22. I hereby certify that I attended the deceased from Jan 8, 1953 to Jan 15, 1953 that I last saw the deceased alive on Jan 15, 1953 and that death occurred at 7:15 PM from the causes and on the date stated above.							
23a. SIGNATURE G B Grinstead, M.D.				23b. ADDRESS 112 West 4th Street Sedalia, Mo.		23c. DATE SIGNED Jan 16 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-53	24c. NAME OF CEMETERY OR CREMATORY Dresden cem - Dresden		24d. LOCATION (City, town, or county) (State) Dresden Mo			
DATE REC'D BY LOCAL REG. 1-17-53	REGISTRAR'S SIGNATURE A. J. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia		

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

804
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MS
AUG 1
1960

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 _____

Licensed Embalmer No. 3153

P. O. Address Sidalia 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.