

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9314**

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. LENGTH OF STAY (In this place) <b>15 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>312 South Decatur</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b> <b>0351</b>	
		d. STREET ADDRESS (If rural, give location) <b>312 South Decatur</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>WALTER</b>	c. (Last) <b>BERRY</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>March 17 1953</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 3, 1886</b>	9. AGE (In years) (Last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R. R. Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>R. R.</b>	11. BIRTHPLACE (State or foreign country) <b>Flora, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN BERRY</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISA ELISTON</b>	14. NAME OF HUSBAND OR WIFE <b>THELMA BERRY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>702-09-5304</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thelma Berry</b>	ADDRESS <b>Malden, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 months ago</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b>		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>593x</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 20, 1952**, to **March 17, 1953**, that I last saw the deceased alive on **March 17, 1953**, and that death occurred at **7:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Scherman</b>	23b. ADDRESS <b>Malden, Mo.</b>	23c. DATE SIGNED <b>3/19/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-17-53</b>	REGISTRAR'S SIGNATURE <b>J. D. Scherman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DAY FUNERAL HOME</b>	ADDRESS <b>MALDEN MO.</b>
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MAR 21 9 23 AM '81

**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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.