

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4613**
Registrar's No. **28**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		6402
d. FULL NAME OF HOSPITAL OR INSTITUTION 1919 Punneton Rd (Home)			d. STREET ADDRESS (If rural, give location) C		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EVERETT c. (Last) BERRY			4. DATE OF DEATH 2-12-54 (Month) (Day) (Year)		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 23 1877	9. AGE (In years last birthday) 76	10. F UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. R. Berry		13b. MOTHER'S MAIDEN NAME Alzetta Clark		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elnora Berry ADDRESS Trenton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Arthritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Indefinite
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 725 X			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) m.	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 Jan 1, 1954 , to Feb 12, 1954 , that I last saw the deceased alive on Feb 10, 1954 , and that death occurred at 2:2 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE R. H. Mullers (Degree or title) M.D.		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 2-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-14-54	24c. NAME OF CEMETERY OR CREMATORY Berry Cem	24d. LOCATION (City, town, or county) (State) Galt Mo		
DATE REC'D BY LOCAL REG. 2-14-54	REGISTRAR'S SIGNATURE Irene Jair	25. FUNERAL DIRECTOR'S SIGNATURE R. K. Payne	ADDRESS Stou Galt Mo		

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.