

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22713**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5630** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <b>Rural Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		STREET ADDRESS (If rural, give location) <b>Rural Route # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route # 4</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charley</b> b. (Middle) _____ c. (Last) <b>Berry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1955</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>Dec. 4, 1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 24 HRS. Hours   Mins. <b>7   15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Berry</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Crapaugh</b>	14. NAME OF HUSBAND OR WIFE <b>Alma 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. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alma Berry</b>	ADDRESS <b>Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA TOSSES</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CA of Prostate</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senescty. Arteriosclerosis Heart Disease</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE - <b>Bo</b>	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) (Min.)	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 **1-24-53**, 19\_\_, to **7-19-55**, 19\_\_, that I last saw the deceased alive on **July 19, 1955**, and that death occurred at **6:25p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George E. Kiser, M.D.</b>	(Degree and Title)	23b. ADDRESS <b>545 N. Jefferson, Lebanon, Missouri</b>	23c. DATE SIGNED <b>7-22-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/21/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Sleeper, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-23-1955</b>	REGISTRAR'S SIGNATURE <b>Alma L. Way</b>	424 25. FUNERAL DIRECTOR'S SIGNATURE <b>Holman Funeral Home</b>	ADDRESS <b>Lebanon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530  
1

7  
received 8-1-55  
Laclede County Health Unit  
File No. 116  
Date Filed 8-1-55

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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.....  
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.