

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35625

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6085 Registrar's No. 2208

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived, if not usual residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Saline</i>	
b. CITY OR TOWN <i>Rural - Clay</i>		c. CITY OR TOWN <i>Rural</i>	
c. LENGTH OF STAY (In this place) <i>8 months</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 Miles South State, Mo</i>	
3. NAME OF DECEASED a. (First) <i>FREDRICK</i> b. (Middle) <i>THOMAS</i> c. (Last) <i>BERRYMAN</i>		4. DATE OF DEATH <i>Oct 24 1955</i> (Month) (Day) (Year)	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Divorced</i>	8. DATE OF BIRTH <i>Aug 4 1893</i>
9. AGE (In years, last birthday) <i>62-2-20</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>	11. BIRTHPLACE (City and State) <i>Beaton, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. NAME OF HUSBAND OR WIFE <i>Mrs Mary Louisa Horverson</i>	
13a. FATHER'S NAME <i>Lee Berryman</i>		13b. MOTHER'S MAIDEN NAME <i>Mary White</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-07-7684</i>	
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Suicide, by gun shot wound</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide, by gun shot wound</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>976x</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Cambridge Clay Saline, Mo</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Cambridge Clay Saline, Mo</i>		21d. TIME OF INJURY <i>Oct - 24 - 5:55 - 1955</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Self inflicted. Gun shot wound.</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. Pauline M.P. Croner Saline, Mo</i>		23b. ADDRESS <i>Marshall Mo</i>	
23c. DATE SIGNED <i>10-28-55</i>		24. LOCATION (City, town, or county) (State) <i>High - South Saline - Near Marshall Jr. Mo</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-29-55</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>High - South Saline</i>		24d. LOCATION (City, town, or county) (State) <i>Near Marshall Jr. Mo</i>	
DATE REC'D BY LOCAL REG. <i>10-24-55</i>		REGISTRAR'S SIGNATURE <i>Paul H. Reed Deputy</i>	
385-0		FURNERAL DIRECTOR'S SIGNATURE <i>J. E. Jones</i>	

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

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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 *James E. Jones*  
Licensed Embalmer No. *3*  
P. O. Address *State*

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.