

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16803

State File No. ....

FILED MAY 29 1956

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>27 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>923 S. Orner St. 0493</b>	
3. d. FULL NAME OF HOSPITAL OR INSTITUTION <b>923 S. Orner</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EVA</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>CORDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 20, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>May 1, 1883</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Cassious E. Berry</b>	13b. MOTHER'S MAIDEN NAME <b>Tilla Hall</b>	14. NAME OF HUSBAND OR WIFE <b>none</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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eunice Hallowell, 1624 Grand, Carthage</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe Debility from inability to move and joint because of fixation of joints from</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arthritis Degenerative 25 yrs.</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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>7230</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) <b>no</b>	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 Sept 25, 1948, to May 20, 1956, that I last saw the deceased alive on Apr 25, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>George H. Wood MD</b>	(Degree or title)	23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>5/21/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-22-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fasken Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jasper County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-21-56</b>	REGISTRAR'S SIGNATURE <b>Ell Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary Carthage, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Jasper County Health Office  
County File Number 56-5-1138  
Date Filed MAY 28 1956

**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..... Robert H. Kneel .....

Licensed Embalmer No. 445

P. O. Address Carthage

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.