No. 300
10.48

FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8401

State File No. 53

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Grundy 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton Mo
c. LENGTH OF STAY (In this place) 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 241 Main Nell Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Grundy
c. CITY OR TOWN Galt 0400
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FREDRICK b. (Middle) ALFRED c. (Last) BERRY

4. DATE OF DEATH (Month) (Day) (Year) 3-23-1957

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 4-1-1877

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis Berry

13b. MOTHER'S MAIDEN NAME Mary Wescoat

14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-34-2232

17. INFORMANT'S SIGNATURE OR NAME Ralph Berry ADDRESS Spickard 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) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and Bladder

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 Mch 26-56

19b. MAJOR FINDINGS OF OPERATION Carcinoma Prostate & Bladder 1998

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 23, 1956, *to* Mch 23, 1957, *that I last saw the deceased alive on* Mch 21, 1957, *and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. A. Duffy (Degree or title) MD

23b. ADDRESS Trenton Mo

23c. DATE SIGNED Mch 26-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-25-57

24c. NAME OF CEMETERY OR CREMATORY Berry Cem.

24d. LOCATION (City, town, or county) (State) Galt Mo

DATE REC'D BY LOCAL REG. 3.25-57

REGISTRAR'S SIGNATURE Irene Fair

25. FUNERAL DIRECTOR'S SIGNATURE PK Payne Son ADDRESS Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

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

115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....P K Payne Jr.....

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.