

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9616

State File No.

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1113 So. Carr</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) _____ c. (Last) <u>RICHARDS</u>			4. DATE OF DEATH <u>April 11, 1957</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City, and State, or Foreign Country) <u>Pettis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Lewis T. Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth D. Vidson</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Berry (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. V. L. De Tienne, Eldon, Missouri</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>13 March 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture left hip. 4201F</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 13, 1957 9 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in Bathroom</u>			

22. I hereby certify that I attended the deceased from 2 Aug. 1956, to 11 April, 1957, that I last saw the deceased alive on 10 April, 1957, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald G. Prater M.D.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>12 April 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 13, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>4-12-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GILLESPIE FUNERAL HOME, Sedalia, Mo</u>			
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

541

APR 18 1957

OFFERIE AMELV HOWE

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 DeWickhart

Licensed Embalmer No. 3470

P. O. Address Edalia 7mo

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.