

FILED APR 25 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 68

5. 300  
1-57

358

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kennett 0358</u> Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnal Hosp</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route</u> Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>L</u> Last <u>DeBerry</u>			4. DATE OF DEATH Month <u>4</u> Day <u>8</u> Year <u>58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-8-58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>10</u> FUNDER 1 YEAR: Months <u>10</u> Days <u>10</u> IF UNDER 24 HRS.: Hours <u>10</u> Min.
11a. FATHER'S NAME <u>Hugh DeBerry</u>		11b. MOTHER'S MAIDEN NAME <u>Inogene Rogers</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Jessie Shaper Kennett Mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>7730</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-8-58</u> to <u>4-8-58</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>4-8-58</u> Death occurred at <u>12 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In degree or title) <u>Paul C. Miltchenko</u>		22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>4-14-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-9-58</u>	23c. NAME OF CEMETERY OR SEMATORY <u>Mt Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Germana Mutt Co Steele</u>		25. DATE RECD. BY LOCAL REG. <u>4-18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-21-57 .....  
COUNTY FILE NUMBER ..... 428 .....

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 Net Embury ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

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.