

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016967
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 47 Primary Registration District No. 5172 Registrar's No. 155

300
-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Shamrock Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wellsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Star Route
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clarence Middle Price Last Berry			4. DATE OF DEATH Month May Day 30 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1902	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 57	11. BIRTHPLACE (City and state or country) South, Benton City, Mo.
13a. FATHER'S NAME Edward Gather Berry		13b. MOTHER'S MAIDEN NAME Lucy Gibson	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (No, give war or dates of service) No		16. SOCIAL SECURITY NO. D.K.	17. INFORMANT Edward F. Berry, La Grange, Illinois	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably Coronary Thrombosis from report of Dr. Walls of Wellsville, Mo who had doctored him in the past.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Body found in yard of his home, and from my examination had been dead at least 3 days	
	DUE TO (c) my examination had been dead at least 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		
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 _____ to _____ and last saw her/him alive on _____
Death occurred at **Found 10:A.M. 6/3/59** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Denzil C. Browning coroner	22b. ADDRESS Hutton, Missouri	22c. DATE SIGNED 6-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Liberty Church Cemetery	23d. LOCATION (City, town, or county) (State) Near Shamrock Mo.
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24. FUNERAL DIRECTOR Wallace Funeral Home, Hutton, Mo	25. DATE RECD. BY LOCAL REG. June 4-1959	26. REGISTRAR'S SIGNATURE Maretta Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 4 1959

JUN 18 1959

Embalming chemicals were hypodermically injected,
because of advance decomposition

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 *Walter R. Massey*

Licensed Embalmer No. *4996*
P. O. Address *Fulton, Mo.*

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.