

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022195

FILED JUL 6 1959 Registration District No. 215 Primary Registration District No. 4327 STATE FILE NUMBER 19 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) Iberia,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Iberia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 666	
3. NAME OF DECEASED (Type or print) Leonard Berry		First Middle Last		4. DATE OF DEATH Month Day Year June 18, 1959	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/28/1875	9. AGE (In years) 84	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iberia, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James D. Berry			13b. MOTHER'S MAIDEN NAME Mary M. Duncan			14. NAME OF HUSBAND OR WIFE Effie Berry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-24-8128		17. INFORMANT Address Effie Berry Iberia, Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Renal insufficiency	
	DUE TO (c) Carcinoma of liver	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561		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 Month, Day, Year 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 _____, to _____ and last saw her/him alive on _____
Death occurred at **6:30 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. A. Gould D.O.		22b. ADDRESS Iberia, Missouri		22c. DATE SIGNED 6-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/20/1959		23c. NAME OF CEMETERY OR CREMATORY Union	
		23d. LOCATION (City, town, or county) (State) Iberia, Mo			

24. FUNERAL DIRECTOR'S ADDRESS Hedges Funeral Homes Iberia, Mo		25. DATE RECD. BY LOCAL REG. June 19, 1959		26. REGISTRAR'S SIGNATURE Jessie Perkins	
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

95-0

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 P. Stegler*
Licensed Embalmer No. *4265*
P. O. Address *Terre Haute, 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.