URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
FILED VS JUL 25 1960

60-026202
STATE FILE NUMBER

ENDED

Registration District No. 64 Primary Registration District No. 5145 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Cha riton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville, Twp.
Length of stay in 1b: 40-Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5-Miles N.of Keytesville
Inside Limits: Yes ☐ No XX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY Chariton
c. CITY OR TOWN Keytesville
Inside Limits: Yes ☐ No XX
d. STREET ADDRESS (If outside, give location) 5-Miles N.of Keytesville
Reside on Farm: Yes XX No ☐

3. NAME OF DECEASED (Type or print): First Rebecca; Middle Pearl; Last Berry
4. DATE OF DEATH: Month July; Day 17th; Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: June 1, 1880
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Green
13b. MOTHER'S MAIDEN NAME: Nancy Keaton
14. NAME OF HUSBAND OR WIFE: John Berry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs.J.W.Wenzel, Address: Moberly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ch. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Don't know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic pyelonephritis — Don't know
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 February 1956, to July 18, 1960 and last saw her alive on July 17, 1960.
Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl C. Neger (Degree or title) M.D.
22b. ADDRESS Keytesville Mo.
22c. DATE SIGNED 7/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 18th, 1960
23c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
23d. LOCATION (City, town, or county) (State): Chariton County, Mo.
24. FUNERAL DIRECTOR: H.O. Finnell ADDRESS: Keytesville, Mo.
25. DATE RECD. BY LOCAL REG.: 7/18/60
26. REGISTRAR'S SIGNATURE: [illegible]
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, ~~Student Embalmer No.~~ _____

working under my personal supervision.

Student _____ Signed H. W. Garrett

Signature of Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key Trawi

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