

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008505

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. _____

Registrar's No. 78

AMENDED

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____		c. CITY OR TOWN <u>Brownington</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Brownington</u>		d. STREET ADDRESS (If outside, give location) <u>Near Brownington</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>A.</u> Last <u>BERRY</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>23</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-7-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. BIRTHPLACE (City and state or country) <u>Unknown</u>		11b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>McKinnon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>W.A. Berry</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>Asphyxia Due to Smoke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Complete Consumption of Body by</u> DUE TO (c) <u>Burning</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Similarity with history of Cardiovascular Accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>None consumed by Fire</u>
20c. TIME OF INJURY Hour <u>12:10</u> <u>a.m.</u> Month, Day, Year <u>3 23 61</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>	20f. CITY, TOWN, OR LOCATION <u>Brownington</u> COUNTY <u>Henry</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>unattended</u> to _____ and last saw her alive on _____ Death occurred at <u>approx. 12:10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Richard H. Kutz M.D. Henry Co. Coroner</u>		22b. ADDRESS <u>Clinton Mo.</u>
22c. DATE SIGNED <u>3/25/61</u>		
23a. BURIAL, CREMATION, REBURY (Specify) <u>Burial</u>	23b. DATE <u>3/26/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>
23d. LOCATION (City, town, or county) <u>Brownington</u>		(State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>Melvin L. Ganssner</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 31 1961</u>
ADDRESS <u>Deepwater</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4529

P. O. Address Applington, Ct.

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.