

FILED AUG 1 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0027943

CERTIFICATE OF DEATH

Registration District No. **55** Primary Registration District No. **3011** Registrar's No. **91**

DO NOT WRITE ON THIS STUD

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST Robert W. BERREY, Jr.		SEX M.	DATE OF DEATH (MONTH, DAY, YEAR) July 25, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 78	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. Oct. 18, 1889	DATE OF BIRTH (MONTH, DAY, YEAR) Oct. 18, 1889	COUNTY OF DEATH Carroll
CITY, TOWN, OR LOCATION OF DEATH Carrollton		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Carroll County Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Mo.		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Elizabeth Hudson Berrey	
SOCIAL SECURITY NUMBER 702-05-4764		USUAL OCCUPATION (GIVE KNOWN OCCUPATION DURING MOST OF WORKING LIFE, EVEN IF RETIRED) General Freight Agent		INDUSTRY OR BUSINESS OF EMPLOYER Wabash R.R. Railroad	
RESIDENCE—STATE Mo.		COUNTY Carroll	CITY, TOWN, OR LOCATION Carrollton	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER 812 N. Main
FATHER—NAME FIRST MIDDLE LAST Dr. Robert Wilson Berrey		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary McAuliffe			
INFORMANT—NAME Mrs. R.W. Berrey		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 812 N. Main Carrollton, Mo. 64633			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		(a) Anaplastic Carcinoma of Bone Marrow with (Metastasis to the lungs; primary focus undetermined)			3 1/2 Months
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (LAST)		(b) undetermined			
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) No		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES)	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18]		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	— MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM	April 27, 1968	July 25, 1968	21b. July 25, 1968	21c. Yes	21d. 9:30 M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		DATE SIGNED (MONTH, DAY, YEAR)	
22a. John H. Platz, M.D.		22b. July 25 1968 9:40 A.M.		22c. July 26, 1968	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. John H. Platz, M.D.		23b. John H. Platz, M.D.		23c. July 26, 1968	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
24a. 16 N. Monroe		24b. Carrollton, Mo.		24c. Mo.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
25a. Burial		25b. Oak Hill Cemetery		25c. Carrollton Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
26a. July 27, 1968		26b. Gibson Funeral Home		26c. Carrollton, Mo. 64633	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
27a. Ben W. Gibson		27b. Mary Olson		27c. July 27-68	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 0
10a. 78
10b.
11. 0
12. 1
13. 2022
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

of funeral director 8-19-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Item # 13a corrected by affidavit

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STATEMENT BY LICENSED EMBALMER

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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 _____

Signed Ben W. Gibson

Signature of Student Embalmer

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Licensed Embalmer No. 2961

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P. O. Address

Carrollton 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.

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