

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7874

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>MY</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City Mo 2 Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA</u>		d. STREET ADDRESS (If rural, give location) <u>0681</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAINT MARYS Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-10-1951</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>W.</u>		c. (Last) <u>BERRY</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-26-1900</u>			
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>50</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe's</u>		13a. FATHER'S NAME <u>DONT KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>			
13c. NAME OF HUSBAND OR WIFE <u>Lucy Berry</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		15. SOCIAL SECURITY NO. <u>494-10-3446</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucy Berry</u>			
17. ADDRESS <u>California</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pancreas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u> <u>not known</u> <u>157X</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 3, 1951</u> , to <u>Mar 10, 1951</u> , that I last saw the deceased alive on <u>Mar 10, 1951</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl E. Lloyd M.D.</u> (Degree or title)		23b. ADDRESS <u>425 Madison Jeff. City Mo.</u>		23c. DATE SIGNED <u>3-10-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-12-51</u>		24c. NAME OF CEMETERY OR CEMETARY <u>Masonic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA Mo</u>			
DATE REC'D BY LOCAL REG. <u>March 10-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - JR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California</u>			

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-15-51

APR 7 1951

DEC 12 1951

APR 2 1952

SEP 16 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.