

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12844

State File No.

1467

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1467

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEW MEXICO</u> b. COUNTY <u>QUAY</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>TUCUMCARI</u>	
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>2002 SOUTH ROCK ISLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u> b. (Middle) <u>A.</u> c. (Last) <u>BERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-29-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>OCT-4-1880</u>
9. AGE (In years last birthday) <u>69 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>FRANKLIN KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE KERLEY</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. LYLA BERRY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. LYLA BERRY</u>		ADDRESS <u>2002 SOUTH ROCK ISLAND TUCUMCARI, N.M.</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>Transurethral Prostatic Resection</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Lower Nephron Nephrosis 13 days</u>			
DUE TO (c) <u>Terminal Uremia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Heart Failure</u>			
19a. DATE OF OPERATION <u>3/16/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (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>3-14</u> , 19 <u>50</u> , to <u>3-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/29</u> , 19 <u>50</u> and that death occurred at <u>11:02 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James P. O'Malley M.D.</u>		23b. ADDRESS <u>Research Hospital</u>	
23c. DATE SIGNED <u>3/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>		24b. DATE <u>MAR. 30-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>TUCUMCARI, NEW MEXICO</u>	
DATE REC'D BY LOCAL REG. <u>3-30-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer</u>		ADDRESS <u>1331-1339 BRUSH CREEK KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Bernard J. Lewis*

Licensed Embalmer No. *4250*

P. O. Address *A.C. 117*

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.