

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23300

State File No. \_\_\_\_\_

FILED JUL 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 242

485

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <span style="float: right;">0485</span>	
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1008 N. Liberty</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1008 N. Liberty (residence)</b>			

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>B</b> c. (Last) <b>Berry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Sept. 29, 1902</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Claim adjuster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (State or foreign country) <b>Botany, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William F. Berry</b>		13b. MOTHER'S MAIDEN NAME <b>Marcia Williams</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>315 09 8945</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marcia Berry</b> ADDRESS <b>Independence, Mo.</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) m.	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 19, to 19, that I last saw the deceased alive on 7/25P, 1951, and that death occurred at 7/25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Geo C Beatty, M.D. Deputy coroner</b>		23b. ADDRESS <b>2050 Woodway St. Ind 7-3-51</b>	23c. DATE SIGNED <b>7-3-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
DATE REC'D BY LOCAL REG. <b>July 5-1951</b>	REGISTRAR'S SIGNATURE <b>Geo C Beatty</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bob Carson</b> ADDRESS <b>Independence, Mo.</b>	

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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

*Harold E. Steadwell*

Licensed Embalmer No. *4609*

P. O. Address *Judges 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.