

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41489

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5425

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>32 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>430 West 11th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>430 West 11th Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joseph</u> | b. (Middle) <u>Sterling</u> | c. (Last) <u>Berne</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1951</u> |
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|---|--|---|--|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>March 19 1883</u> | 9. AGE (In years last birthday) (Specify) <u>68</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u> | IF UNDER 24 HRS. Hours <u>3</u> Min. <u>18</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u> | 11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>Frank Berne</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Sterling</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 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>495-10-6133</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss C. Regan</u> | ADDRESS <u>1009 E 26th St KC Mo</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Same</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Kansas City, Jackson Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Dec 1, 1951, to Dec 19, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James G. Walker MD</u> | 23b. ADDRESS <u>1924 Prof Bldg KC Mo</u> | 23c. DATE SIGNED <u>12-19-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>12-20-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons</u> | 24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-20-51</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> | ADDRESS <u>Kansas City Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

74-0236

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 *John R. Sidmore*

Licensed Embalmer No. *24531*

P. O. Address *James City, Va*

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.