

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4602

|   |  |  |   |  |  |   |  |   |  |  |  |
|---|--|--|---|--|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |  |   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |   |  |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place)<br><u>25 yrs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u>  |  |   |  |   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>  |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>901 East 76th Street</u>   |  |   |  |   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ORA</u>  |  | b. (Middle) <u>ANN</u>   |   | c. (Last) <u>BERRIAN</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 19, 1952</u>               |  |   |  |  |  |
| 5. SEX <u>F</u>   |  | 6. COLOR OR RACE <u>W</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>Feb. 2, 1871</u>                                     |  |   |  |  |  |
| 9. AGE (In years last birthday) <u>81</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |   | IF UNDER 1 YEAR<br>Hours _____ Mins. _____   |  |   |  |   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY           |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Arkansas</u>       |  |   |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |  | 13a. FATHER'S NAME<br><u>Wesley Garrett</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elminia Swagerty</u>                                     |   | 14. NAME OF HUSBAND OR WIFE<br><u>Frederick Walter Berrian</u> |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |  | 16. SOCIAL SECURITY NO.<br><u>No</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mr. Frank Bentley, 901 E. 76th St., KC Mo.</u>   |   |  | ADDRESS   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.                    |  |  |   |  |  |   |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>          |  |  |  |
| I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Mesenteric Thrombosis</u>  |  |  |   |  |  |   |  |   |  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u>  |  |  |   |  |  |   |  |   |  |  |  |
| DUE TO (c)  |  |  |   |  |  |   |  |   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |  |  |   |  | <u>4500</u>   |  |  |  |
| 19a. DATE OF OPERATION  |  |  | 19b. MAJOR FINDINGS OF OPERATION            |  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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>11-21, 1951</u> , to <u>10-19, 1952</u> , that I last saw the deceased alive on <u>10-19, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |  |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>H. B. Lyndon Jr.</u> (Degree or title)  |  |  |   |  | 23b. ADDRESS<br><u>1027 E. 75, A.C. MO</u>   |   |  | 23c. DATE SIGNED<br><u>10-21-52</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><u>10/21/52</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>-</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Coffeyville, Kansas</u> |  |   |  |  |  |
| DATE RECD BY LOCAL REG.<br><u>10-22-52</u>  |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Smith</u>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>STINE &amp; McCLURE, Kansas City, Mo.</u> |   |  |   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. R. Lydman Jr.

75th + Tenth

Weight 5:00

Hi 8428

Age 10:00 on Tuesday

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 F. A. Walton

Licensed Embalmer No. 2144

P. O. Address 19 E. ...

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.