

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1706

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE 7005			
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE 821 W. MAPLE				d. STREET ADDRESS (If rural, give location) 821 W. MAPLE AVE. 0			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BENJAMIN c. (Last) BERRY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 6 1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 22 1872		9. AGE (In years last birthday) 80	If under 1 year Months	If under 1 year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY DENTIST		11. BIRTHPLACE (City and State or Foreign Country) CARROLLTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME REUBEN BERRY			13b. MOTHER'S MAIDEN NAME EDITHA WINFREY		14. NAME OF HUSBAND OR WIFE SOPHIA BERRY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. SOPHIA BERRY 821 W. MAPLE			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>neuraplegia</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Obesity</i>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>					20. AUTOPSY? 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 <i>Jan 2, 1953</i> to <i>Jan 6, 1953</i> , that I last saw the deceased alive on <i>Jan 6, 1953</i> , and that death occurred at <i>10 A.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert W. Stah</i>				23b. ADDRESS <i>Independence Mo</i>		23c. DATE SIGNED <i>1-7-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>JAN. 9, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>WORTH LAWN</i>		24d. LOCATION (City, town, or county) (State) <i>INDEPENDENCE MO.</i>		
DATE REC'D BY LOCAL REG. <i>1-8-53</i>	REGISTRAR'S SIGNATURE <i>Robert W. Stah</i>		GENERAL DIRECTOR'S SIGNATURE <i>Robert W. Stah</i>		ADDRESS <i>Indep. Mo.</i>		

(Licensed Embalmers' Statement on Reverse Side)

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

Charles E. Schroeder

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.