

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1072**

FILED JAN 28 1955

Registrar No. **50**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar No. 50			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 4 Mo		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION N.E. RESTORIUM				STREET ADDRESS (If rural, give location) 98 2240-NORLEDGE					
3. NAME OF DECEASED (Type or Print) a. (First) LEONA		b. (Middle) LEONA		c. (Last) BERRIMAN		4. DATE OF DEATH (Month) (Day) (Year) 1-4-55			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT 1-1879			
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) No Record			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CALVIN CURNES		13b. MOTHER'S MAIDEN NAME No RECORD		14. NAME OF HUSBAND OR WIFE JOHN D. BERRIMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Carl Johnson 307 N White					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs 4500	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21f. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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"/>		22. I hereby certify that I attended the deceased from 9-1-54 , 19____, to 1-4-55 , 19____, that I last saw the deceased alive on 1-4-55 , 19____, and that death occurred at 5:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Frank Paul Lawrence		(Degree or title) _____		23b. ADDRESS 428 South white ave		23c. DATE SIGNED 1-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-5-55		24c. NAME OF CEMETERY OR CREMATORY LOWMAN		24d. LOCATION (City, town, or county) (State) ELLIOTT IOWA			
DATE REC'D BY LOCAL REG 1-5-55		REGISTRAR'S SIGNATURE neva minshel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Shiel R. C. Ws.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Lawrence

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *John C. Shurt*.....
Licensed Embalmer No. *2962*
P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.