

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26010

3668

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson CLAY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 20 MIN.		c. CITY OR TOWN Kansas City, NORTH		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 General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 108 5120 N. Bellaire 509 3/4				
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) L. c. (Last) Berry			4. DATE OF DEATH (Month) (Day) (Year) 8 19 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 30, 1889		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hatter		10b. KIND OF BUSINESS OR INDUSTRY Hat Industry		11. BIRTHPLACE (City and State or Foreign Country) Petersburg, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jack BERRY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARET C. BERRY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. (If you give war or date of service) NONE 495 03 9711		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret C. Berry, Kansas City, Mo.				
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) Acute pericarditis								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (a) Pulmonary edema congestion uremia DUE TO (c) Arterial nephrosclerosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				442X				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Aug. 19, 1955, to Aug. 19, 1955, that I last saw the deceased alive on Aug. 19, 1955, and that death occurred at 12:25 P.M., from the causes and on the date stated above.								
23a. SIGNATURE B.I. Burns (Degree or title) M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-19-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem., Forest Hill Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.; Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 8-20-55		REGISTRAR'S SIGNATURE New Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.				

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed.....
J. H. Gibson

Licensed Embalmer No. *487*

P. O. Address *Indep.*

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.