

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1200**

FILED FEB 4 1957

BIRTH NO. **6541-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **288**

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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 2 days	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 Conley Maternity Hospital		e. CITY OR TOWN Kansas City f. STREET ADDRESS 2035 Cypress (If rural, give location)	
3. NAME OF DECEASED a. (First) VICKIE b. (Middle) LYNN c. (Last) BERBERICH			4. DATE OF DEATH January 20, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH 1-18-57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
13a. FATHER'S NAME Charles Lee Berberich		13b. MOTHER'S MAIDEN NAME Rogena Marie Hutchin	14. NAME OF HUSBAND OR WIFE none
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 Charles L. Berberich ADDRESS 2035 Cypress	
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) Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH 58 1/2 hours 24 hours 24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Convulsions		
	DUE TO (c) Cerebral hemorrhages		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	7600
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 January 18, 1957 , to January 20, 1957 , that I last saw the deceased alive on January 20, 1957 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE William D. Hand, Jr. (Degree or title) D.O.		23b. ADDRESS 605 Woodland	23c. DATE SIGNED 1-21-57
24a. BURIAL: CREMATION: REMOVAL (Specify)	24b. DATE 1-22-57	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Greenwood Mo
DATE REC'D BY LOCAL REG. 1-21-57	REGISTRAR'S SIGNATURE neva mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Angelo Home Joe's Summit ADDRESS 2700	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William D. Hand, Jr.

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.....
W.B. Langford

Licensed Embalmer No. 380

P. O. Address.....
Lee's Summit

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.