

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16503
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>PALACE Clothing Co.</u> Length of stay in 1b <u>46 YRS</u> | | d. STREET ADDRESS (If outside, give location) <u>4033 FLORA AVENUE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>PIERRE</u> Last <u>BERRY</u> | | | 4. DATE OF DEATH <u>MAY 28, 1957</u> Month <u>MAY</u> Day <u>28</u> Year <u>1957</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov 18, 1887</u> | 9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____ | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>PALACE Clothing Store</u> | 11. BIRTHPLACE (City and state or country) <u>LEAVENWORTH, KANSAS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13. FATHER'S NAME <u>PIERRE BERRY</u> | 14. MOTHER'S MAIDEN NAME <u>COANZA KEEGAN</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>500-03-9756</u> | 17. INFORMANT <u>MRS CRYSTAL BERRY</u> Address <u>K.P.Mo. 4033 FLORA AVE.</u> |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY <u>Hour _____, Month _____, Day _____, Year _____</u> a. m. _____ p. m. _____ | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 5:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>D. S. Peter M.D. Brown</u> | 22b. ADDRESS <u>North Kansas City, Mo.</u> | 22c. DATE SIGNED <u>5/28/57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>MAY 30, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KANSAS</u> |
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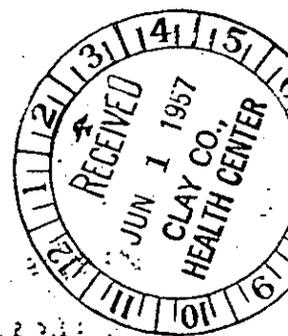
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| 24. FUNERAL DIRECTOR <u>D.W. NEW COMERS</u> ADDRESS <u>1331 K.P. Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-29-57</u> | 26. REGISTRAR'S SIGNATURE <u>Marguerite Audgens</u> |
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
1-56
3
6494
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

104 E 44th TERR.

JUN 1 1957



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 *Raymond M Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep., 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.