

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17167

STATE FILE NUMBER

2018

FILED MAY 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, Welfare Public Service

300 1-56

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

M. G. Berry

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>SHAWNEE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>TOPEKA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> Length of stay in 1b <u>6 months</u>		d. STREET ADDRESS (If outside, give location) <u>Boys Industrial School</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>A.</u> Last <u>Ridm</u>			4. DATE OF DEATH Month <u>4</u> Day <u>29</u> Year <u>57</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>7-16-90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Leavenworth Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>R. H. Kihm</u>		14. MOTHER'S MAIDEN NAME <u>EMMA RAPP</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>515-14-7816</u>	
17. INFORMANT <u>CARRIE Kihm</u> Address <u>Leavenworth Ks</u>			
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>Carcinoma of the Pancreas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>157x</u>
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 Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>October 1956</u> to <u>April 29, 1957</u> and last saw her alive on <u>Apr 29, 1957</u> Death occurred at <u>780 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. G. Berry MD</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>315 Nichols Road Kansas City, Mo</u>	
		22c. DATE SIGNED <u>Apr 29, 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		23b. DATE <u>5-1-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>mt.</u>		23d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kans</u>	
24. TIME OF RECORDING <u>Leavenworth Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-57</u>	
		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)



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 *Thakore R. K. K. K.*

Licensed Embalmer No. *308*

P. O. Address *Perom...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.