Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025334
STATE FILE NUMBER 3157

FILED JUL 17 1958

Registration District No. 149 Primary Registration District No. 10 07 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RESEARCH HOSPITAL - 3 HOURS — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN PRAIRIE VILLAGE — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5607 WEST 69TH TERR — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: HERBERT Last: BERRY

4. DATE OF DEATH Month: JUNE Day: 24 Year: 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH NOV-28-1897
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY AMERICAN TELEGRAPH & TELEPHONE COMPANY
11. BIRTHPLACE (City and state or country) FORT GIBSON, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BEVERLY BERRY
13b. MOTHER'S MAIDEN NAME LUCY TOOMBS
14. NAME OF HUSBAND ~~OR~~ WIFE MRS. VINNIE BERRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-10-587
17. INFORMANT MRS. VINNIE BERRY Address 5607 WEST 69TH TERRACE PRAIRIE VILLAGE, KANSAS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension & arteriosclerosis — 4 yrs
DUE TO (c)
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? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-25-49 to death and last saw him alive on 6-24-58
Death occurred at 8:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. M. Osgood (Degree or title) M.D.
22b. ADDRESS 104 P. V. MEDICAL BLDG 71ST AT TOMAHAWK PRAIRIE VILLAGE, KANSAS
22c. DATE SIGNED 6-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 27 1958
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS — ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 6-27-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

G. M. Osgood

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 Vern Lawler

Licensed Embalmer No. 4915

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.