

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041042
STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 89

3003
1-57

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u> 0117 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>R.R. Track</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2803 Doniphan</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES DOAK BERRY, SR.</u>			4. DATE OF DEATH Month Day Year <u>Nov 18 1958</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>June 2, 1896</u>		9. AGE (in years) <u>62</u> F 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) <u>Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Company</u>	11. BIRTHPLACE (City and state or country) <u>Bethany, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Berry</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Manifold</u>		14. NAME OF HUSBAND OR WIFE <u>Fern Berry</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes N.W. #1</u>	16. SOCIAL SECURITY NO. <u>707-05-7679</u>	17. INFORMANT Address <u>Mrs. Fern Berry, 2803 Doniphan, St. Joseph, Mo.</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>COMPLETE SKULL FRACTURE</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>RAILROAD ACCIDENT</u>	
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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 Month, Day, Year a.m. p.m.	<u>131</u>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 <u>Platte City, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at APPROX. 4:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert M. Giffey, Coroner 3</u>	22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>11-18-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	23b. DATE <u>Wed Nov. 18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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24. FUNERAL DIRECTOR <u>Heaton Bowman.</u>	ADDRESS <u>St. Joe Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Ophie Rollins.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

ST-11-11-11

MAR 26 1959

DEC 18 1958

8961

MAR 6 1959

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 Laddon C. Francis, Student Embalmer No. 570

working under my personal supervision.

Student Laddon C. Francis
Signature of Student Embalmer

Signed Laddon C. Francis
401 Main St
Licensed Embalmer No. 3451
P. O. Address Parkville, 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.