RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010798
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1723

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b FEW MINS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Below 12th st Viaduct
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY WYANDOTTE JOHNSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5201 EL MONTE
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last BERKLEY
4. DATE OF DEATH Month 3 Day 24 Year 60
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH DEC. 7 1905
9. AGE (last birthday) 54
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY SW. FREIGHT LINE
11. BIRTHPLACE (City and state or country) HOWARD CO. MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME TOM BERKLEY
13b. MOTHER'S MAIDEN NAME MINNIE M. GEORGE
14. NAME OF HUSBAND OR WIFE MRS. EWLYNNDORE BERKLEY
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. 573-12-3942
17. INFORMANT MRS. EWLYNNDORE BERKLEY (WIFE) Address KCK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Fractures extremities
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcoholic Inspection
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell, jumped or was pushed from Viaduct
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3-24-60
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.) Street
20f. CITY, TOWN, OR LOCATION Kans. City COUNTY Jackson STATE MO

21. I attended the deceased from _____, to _____ and last saw he/she alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 3-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-24-60
23c. NAME OF CEMETERY OR CREMATORY Fayette Cem.
23d. LOCATION (City, town, or county) (State) Fayette Mo.
24. FUNERAL DIRECTOR Sebelo's ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 3-24-60
26. REGISTRAR'S SIGNATURE Irene Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Forrest D. Coldsmo

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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