3. NAME OF DECEASED Mahlon Hiram Berry Death April 10 196	3. NAME OF DECEASED (Type or print) Mahlion Hiram Berry Mahlion Hiram Berry April 10 196 5. SEX 6. COLOR OR RACE White None Widwed None Widwed None Widwed None Widwed None None Widwed None None Widwed	A NAME OF DECASED Mahlon Hiram Berry Death April 10 196	3. NAME OF DECEASED Mahlon Hiram Berry Death April 10 196 Mahlon Hiram Berry Part 10 196 Mahlon Hiram Hiram Part 10 196 Mahlon Hiram Hiram Hiram Part 10 196 Mahlon Hiram Hiram Hiram Part 10 196 Mahlon Hiram H	S. NAME OF DECEASED First Middle Lest 4. DATE Mouth Day DEATH April 10 10 10 10 10 10 10 1	DATE AMENDED		Registration District No	2. USUAL RESIDENCE (Where deceased lived. If institution; Reside a. STATE Mo. b. COUNTY Platte c. CITY OR TOWN Barry Yes
Mahlon Hiram Berry DEATH April 10 196.	Mahlon Hiram Berry Death April 10 196.	Search S	Mahlon Hiram Berry Death April 10 196	Mahlon Hiram Berry DEATH April 10 196	DATE A		HOSPITAL OR INSTITUTION Yes 20 No	ADDRESS Yes
Male. White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Retired Burlington Railroad 13b. MOTHER'S MAIDEN NAME 13c. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None Charles: M. Berry 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). MMEDIATE CAUSE (a) Adeno Carcinoma: of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause list. DUE TO (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was ferm the condition of the preparation last the pr	Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Burlington Railroad 13b. MOTHER'S MAIDEN NAME Platte County, Mo. U. S. A. A. B. 13a. FATHER'S NAME FEWARD Berry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None Charles: M. Berry 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). MOMEDIATE CAUSE (a) Addeno Carcinoma: of Stomach Conditions, if any, which gave rise to above cause (a), stating the under-lying cause (ast, stating the under-lying	Name of Husband or What could be served by the state of country and the	Male White White White White White Was	Male White Document Document			(Type or print) Mahlion Hiram 5. SEX 6. COLOR OR RACE 7. Married Never Married Widowed D. Diverged D	Berry DEATH April 10 1 8. DATE OF BIRTH 9. AGE (last birthday) I F UNDER 1 YEAR IF UNDER 1 YE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NOD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 19. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part line there a pregnancy in last the pregnancy in last there a pregnancy in last the pregnancy in last there a pregnancy in last there a pregnancy in last the pregnancy in l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None: 17. INFORMANT Address Breen Hills: Addne Charles: Ma Berry Breen Hills: Addne Platte County Moo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Addeno Carcinoma: of St.omach Conditions, if any, which gave rise to above cause (a), stating the under-lying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18 PART III.) 20c. TIME OF Hour Month, Day, Yesr INJURY a.m., p.m. 20d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno Carcinoma: of Stomach: Conditions, if any, which gave rise to above cause (a), stating the under: Iying cause last: DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last disasse condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES IN NO 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18 injury of the part of the pregnancy of the part of the part of the pregnancy of the part of the pa	15. WAS DECEASED EVER IN U.S. ARMED FORCES? No. 16. SOCIAL SECURITY NO. 17. INFORMANT No. No.		-	Male. White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Burlington Railroad	Platte County, Mo. U. S. A.
which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was fem there a pregnancy in last there a pregnancy in last	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part iii. If deceased was fem disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? PERF	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18 per 1	which gave rise to above cause (at, stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last great per personne process of the personne	which gave rise to above cause (a), stating the under-lying cause last. 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 NO			(Yes, no, or unknown) (If yes, give war or dates of service) NO: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	17. INFORMANT Charles: M. Berry Breen Hills: Addn. Charles: M. Berry Platte County. Mo ONSE! A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fem there a pregnancy in last there a pregnancy in last the pre	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18 PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED?	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 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY S	19. WAS AUTOPSY PERFORMED? PERFORMED PERFORMED. PERFORMED PERFORMED. PERFORMED PERFORMED. PERFORMED PERFORMED. PERFORMED PERFORMED.	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART it of item 18 PERFORMED? YES NO	INSTE	noco	Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the under-	
		20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m. 20d. INJURY OCCURED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	20c. TIME OF Hout Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	20c. TIME OF Hour Month, Day, Year INJURY OCCURRED A.M. p.m. 20d. INJURY OCCURRED Sam, p.m. 20d. INJURY OCCURRED Sam, factory, street, office bldg., etc.) 21. I attended the deceased from 1950 To 1=10=61 and last saw him alive on 1=10=61 Death occurred at 7:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE		10.042.04	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA disease condition given in PART I (e) 10. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE H	there a pregnancy in

VS_ MAY 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certi	ify 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 po	ersonal supervision.	Signed Slew XI Held
	ignature of Student Embalmer	orginod, a france for the first of the first
		Licensed Embalmer No. 4586
	J	P. O. Address K-C 18, 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.

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