

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

347561-025030

AMENDED

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

FILED JUL 28 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas, City		Length of stay in 1b 14 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2817 E. 12th		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2817 E. 12th. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Julia BERLIN			4. DATE OF DEATH Month Day Year July 10, 1961			
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5. SEX Female	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH Jan 9th 1868	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Germantown, Penn.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Unkown	13b. MOTHER'S MAIDEN NAME Unkown	14. NAME OF HUSBAND OR WIFE SAMUEL BERLIN. DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. Minnie Schwab. Kansas. CITY, MO
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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:		INTERVAL BETWEEN ONSET AND DEATH Several yrs Perhaps 10 yrs
IMMEDIATE CAUSE (a) Chronic myocarditis	DUE TO (b) Hypertension & Senility	
Conditions, if any, 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 disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from Nov 16 1954 to July 10-61 and last saw her alive on July 10-61 Death occurred at 2817 E 12th St. MO on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) S. D. Ramey D.O.	22b. ADDRESS 3204 E 9th St. MO	22c. DATE SIGNED 7-10-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 12th 1961	23c. NAME OF CEMETERY OR CREMATORY Mt Vernon	23d. LOCATION (City, town, or county) Atchison Kansas	(State)
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24. FUNERAL DIRECTOR Stanton Mortuary Atchison, Kansas	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-12-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S. D. Ramey

RECORDS ON THIS RECORD ARE TO FOLLOW

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 Wm Stanton Jr

Licensed Embalmer No. 3778

P. O. Address Stanton, Va

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.