SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037301

TMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 528

FILED OCT 31 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown
Length of stay in 1b 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10900 E. 66th. St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raytown
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10900 E. 66th. St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: A. Last: Berry

4. DATE OF DEATH Month: Oct. Day: 23, Year: 1961

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH July 10, 1898

9. AGE (last birthday) 63

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) Seamstress

10b. KIND OF BUSINESS OR INDUSTRY Youth Craft Co.

11. BIRTHPLACE (City and state or country) Davenport, Iowa

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Mary Zeman

14. NAME OF HUSBAND OR WIFE Kenneth D. Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servic

17. INFORMANT William Berry Address 10900 E. 66th. Raytown, mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 to 72 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — SEVERAL YEARS
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? ☐ 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.)

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 Oct 60, to 23 Oct 61 and last saw her alive on 5 Oct 61
Death occurred at 3:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul D. Hess, M.D. (Degree or title)

22b. ADDRESS 7301 Mission Rd, Prairie Village, Ks.

22c. DATE SIGNED 24 Oct 61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Oct. 25, 1961

23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., Mo.

25. DATE RECD. BY LOCAL REG. 10-25-61

26. REGISTRAR'S SIGNATURE Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 John B. Parp

Licensed Embalmer No. 295-5-

P. O. Address K. C. Mo.

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