No. 300
10.48

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4856

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 600

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass 0190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton 1
d. STREET ADDRESS (If rural, give location): 107 Main

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): BERRY

4. DATE OF DEATH (Month) (Day) (Year): 2-4-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 2-28-1861
9. AGE (In years last birthday): 90 | If 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Clay Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John H. Williams
13b. MOTHER'S MAIDEN NAME: Elvira Smith
14. NAME OF HUSBAND OR WIFE: Thomas M. Berry

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Chester Berry 5800 Forest K. C. Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma of Transverse Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*
(1) Arteriosclerosis, generalized. — 20 Yrs.
(2) Fracture, simple, upper shaft, right humerus — 3 Days

19a. DATE OF OPERATION: Feb. 2, 1952
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of transverse colon with obstructive local and liver metastases.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 3, 1952 2:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in getting out of bed. (# (2) above)

22. *I hereby certify that I attended the deceased from* MAY 5, 1947, *to* FEB. 4, 1952, *that I last saw the deceased alive on* FEB. 4, 1952, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Herbert A. Tracy (Degree or title) M.D.
23b. ADDRESS: Belton, Mo.
23c. DATE SIGNED: 2/4/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 4
24b. DATE: 2-6-1952
24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery
24d. LOCATION (City, town, or county) (State): Cass Co., Mo.

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo.

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.