

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11958**
1511

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN MERRIAM	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place 5 days		e. STREET ADDRESS (If rural, give location) 9108 West 57th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) NETTIE	b. (Middle) FRANCES	c. (Last) BERRY	4. DATE OF DEATH (Month) 4 (Day) 4 (Year) 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 3, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Winfield, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George W. Knapp	13b. MOTHER'S MAIDEN NAME Sarah E. Plemmer	14. NAME OF HUSBAND OR WIFE Harry H. Berry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harry H. Berry	ADDRESS 9108 West 57th Merriam
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with widespread metastasis of all organs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		157x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-16-51**, 19**51**, to **Apr. 4**, 19**54**, that I last saw the deceased alive on **Apr. 4**, 19**54**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE R. Paul Wright (Degree or title) M.D.	23b. ADDRESS Kansas at Oak - 6140	23c. DATE SIGNED Apr 4, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-4-54	24c. NAME OF CEMETERY OR CREMATORY Olathe Cem	24d. LOCATION (City, town, or county) (State) Shawnee, Kansas
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DATE REC'D BY LOCAL REG. 4-5-54	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos	ADDRESS Funeral Home Shawnee, Kans
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

no 1368

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..... *Erwin E. Russell*

Licensed Embalmer No. *4811*

P. O. Address *Shawnee,*

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.