

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27052**
Registrar's No. **3379**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3379			
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, write RURAL and give OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place) 6 months		c. CITY OR TOWNSHIP KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL #9				e. STREET ADDRESS (If rural, give location) 20th & Prospect Unit 3-A				3328	
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____			c. (Last) Berryman			
4. DATE OF DEATH (Month) (Day) (Year) 7 14 54			5. SEX Male			6. COLOR OR RACE Colored			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH August 30, 1953			9. AGE (In years last birthday) 10 MONTHS 14 DAYS 14 HOURS 14 MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) 1 Pueblo, Colorado			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John L. Berryman			13b. MOTHER'S MAIDEN NAME Dorothy Galvie			
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) No			16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME John Berryman			ADDRESS 20th and Prospect			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Broncho pneumonia and Acute dehydration			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia and Acute dehydration			INTERVAL BETWEEN ONSET AND DEATH 49 1/2			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-13-54</u> to <u>7-14-54</u> , 19 <u>54</u> , and that death occurred <u>2:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS 600 E. 22nd			23c. DATE SIGNED 7-15-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 7/17/54			24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery			
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			DATE REC'D BY LOCAL REG. 7-16-54			REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			ADDRESS 18th & Benton						

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

E. Frank Ellis MD

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..... *Bruce R. Watkins*

Licensed Embalmer No... *454*

P. O. Address *18th & Gen*

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.