

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11784

1453

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 hours</u>	c. CITY OR TOWN <u>Grandview</u>		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 <u>St. Luke's Hospital</u>			STREET ADDRESS (If rural, give location) <u>12704 10th Street 10001</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>LEE</u> c. (Last) <u>Berry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-25-06</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>49</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FURNACE CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PLEASANT HILL, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>WALLACE LEE BERRY</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERTA BERRY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>196-05-7184</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALBERTA BERRY</u> ADDRESS <u>GRANDVIEW, MO.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 wks.</u> <u>33 1/2</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) _____ m. _____	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>March 3, 1955</u> , to <u>March 30, 1955</u> , that I last saw the deceased alive on <u>March 30, 1955</u> , and that death occurred at <u>9:25 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. G. Weiford</u> (Degree or title) <u>MO.</u>			23b. ADDRESS <u>Kansas City MO.</u>		23c. DATE SIGNED <u>March 30</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>	24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-1-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Stanley</u> ADDRESS <u>Pleasant Hill MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1900

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 *Allen B. Greenfield*

Licensed Embalmer No. 87

P. O. Address *Albany, N.Y.*

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.