

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15365**  
**2075**

FILED JUN 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2075**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	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) <b>3 YRS</b>		STREET ADDRESS (If rural, give location) <b>2506 EAST 44<sup>th</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>A.</b>	c. (Last) <b>BERRY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-11-55</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov 23 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wilson + Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LOUISVILLE, KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>William BERRY</b>	13b. MOTHER'S MAIDEN NAME <b>ANN (UNKNOWN)</b>	14. NAME OF HUSBAND OR WIFE <b>MRS ALMA A. BERRY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>570-05-5274</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs ALMA A. BERRY</b>	ADDRESS <b>2506 EAST 44<sup>th</sup> ST. KANSAS CITY, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>COR PULMONALE, HEART</b>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Emphysema, lungs</b> DUE TO (c) <b>Bronchiectasis, lungs</b>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>chronic pneumonitis</b>			<b>520X 6 WKS</b>

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) (Min.)	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 **4-8, 1955**, to **5-11, 1955**, that I last saw the deceased alive on **5/11/55**, and that death occurred at **3:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter P. Jacob</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>761 E. <del>Street</del> 63</b>	23c. DATE SIGNED <b>5/12/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>MAY 13, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>WESTON, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-13-55</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b>	1331 ADDRESS <b>K.C. MO. BRUSH CREEK BLVD</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Walter P. Jacob

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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 *Rollie Kessel*.....

Licensed Embalmer No. *469*

P. O. Address *K.C.M.*

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.