

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1201

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY BROWN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FAIRVIEW		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEUROLOGICAL HOSPITAL - 1 WEEK			Length of stay in 1b		d. STREET ADDRESS BOX - 43		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year		
First RAY Middle W. Last BERRY				Month Day Year JANUARY 18 1957				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		APRIL 27 1904		9. AGE (In years last birthday) 52		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANTEUR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HIAWATHA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN A. BERRY				14. MOTHER'S MAIDEN NAME MARY A. TENKINS				
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. 515-05-4645		17. INFORMANT Address BOX - 43 Mrs. ESTHER BERRY FAIRVIEW KANSAS				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure following electroshock treatment.							INTERVAL BETWEEN ONSET AND DEATH 35 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Depressive Reaction, profound							5 months	
DUE TO (c)							3011	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Malnutrition--3 weeks							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Jan. 11, 1957 to Jan. 18, 1957 and last saw ^{him} alive on 1-18-57 Death occurred at 10:37 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE N. V. Bolin (Degree or title) W. T. Bolin, M.D.				22b. ADDRESS 4620 Nichols Hwy, K. C. Mo.		22c. DATE SIGNED Jan 18, 1957		
23a. BURIAL CREMATION BURIAL		23b. DATE JAN-18-1957		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) HIAWATHA KANSAS		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-19-57		26. REGISTRAR'S SIGNATURE Neva Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FEB 25 1957

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 *Chester K Brown*

Licensed Embalmer No...4

P. O. Address...KE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.