

Health, Welfare, Public Service

000-56

Use only standard nomenclature in Part 18. No symptoms written on certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1957

57 0 2 0 9 4 7  
STATE FILE NUMBER 2958

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

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3008 CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length <b>6 1/2 yrs.</b> HOSPITAL OR INSTITUTION <b>Menorah Medical Center 16 yrs.</b>				d. STREET ADDRESS (If outside, give location) <b>307 East Sweeney</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lyle</b> Middle <b>C</b> Last <b>Berry</b>			4. DATE OF DEATH Month <b>June</b> Day <b>24</b> Year <b>1957</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>2-4-15</b>			
9. AGE (In years not birthday) <b>42</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>24</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Purchasing Agent</b>			10b. NAME OF BUSINESS OR INDUSTRY <b>GUSTIN BACON MEATS</b>			11. BIRTHPLACE (City and state or country) <b>MCCOOK, NEBRASKA</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>FLOYD BERRY</b>						
14. MOTHER'S MAIDEN NAME <b>LENA MERSHON</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>						
16. SOCIAL SECURITY NO. <b>505-18-2378</b>			17. INFORMANT <b>Mrs. Margaret Berry</b> Address <b>307 E. Sweeney Blvd. K.C., Mo.</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous encasement of the abdominal viscera, massive, primary focus, colon, mucinous adenocarcinoma.</b> DUE TO (b) _____ DUE TO (c) <b>emaciation.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>153h</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 ; Month, Day, Year 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 <b>3/17/57</b> to <b>6/24/57</b> and last saw him alive on <b>6/24/57</b> Death occurred at <b>2:05 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Arthur Adelman, M.D.</b>				22b. ADDRESS <b>701 E. 63rd St.</b>		22c. DATE SIGNED <b>6/24/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>JUNE-27-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
24. FUNERAL DIRECTOR ADDRESS <b>D.W. NEWCOMER'S SONS K.C., Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-26-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Arthur Adelman



**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 *Raymond M. Hardy*

Licensed Embalmer No. *491*

P. O. Address *Indep.*

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.