RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-001393
STATE FILE NUMBER

FILED VS FEB 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2420 Jackson
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Lois Middle Dean Last Berry

4. DATE OF DEATH: Month 1 Day 20 Year 1960

5. SEX: female

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-9-34

9. AGE (last birthday): 25

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Conway, Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Roosevelt Winston

13b. MOTHER'S MAIDEN NAME: Delilah Walter

14. NAME OF HUSBAND OR WIFE: Eldridge Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-36-9554

17. INFORMANT: Eldridge Berry Address: 2420 Jackson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Disseminated Lupus Erythamatous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-9-1960, to 1-20-1960 and last saw her alive on 1-20-1960
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) M.D.

22b. ADDRESS 2400 Cherry Kansas City, Mo

22c. DATE SIGNED 1-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-23-60

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Conway, Arkansas

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG. 1-22-60

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF H. L. Dwyer

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 1500

P. O. Address 18th & Bent

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