

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4753

State File No. \_\_\_\_\_

Registrar's No. **709 (709)**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) <b>Kansas City Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City Missouri</b>	
c. LENGTH OF STAY (In this place) <b>4 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3525 Park Ave 3550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6708 Holmes Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs Lilly</b> b. (Middle) <b>Pearl</b> c. (Last) <b>Barnes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 14 - 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-4-1882</b>	9. AGE (In years last birthday) <b>67</b>	10. MONTHS <b>7</b>	11. DAYS <b>14</b>	12. HOURS <b>10</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Paris, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>William Adkisson</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Cox</b>	14. NAME OF HUSBAND OR WIFE <b>James W. Barnes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James W. Barnes</b>	ADDRESS <b>3525 Park K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis (heart disease)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>		

18a. DATE OF OPERATION _____	18b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE MOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **2/10/50** to **2/14/50**, that I last saw the deceased alive on **2/13/50**, and that death occurred at **2/14/50**, from the causes and on the date stated above.

23a. SIGNATURE <b>ROBERT J. MUMFORD</b> (Print name)	23b. ADDRESS <b>1310 Broadway St. M.D.</b>	23c. DATE SIGNED <b>2/14/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-16-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson Co. Missouri</b>
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DATE REC'D BY, LOCAL REG. <b>2-16-50</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>France Wornell</b>	ADDRESS <b>Funeral Home</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed

*Russell N. Fran*

Licensed Embalmer No. 4255

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 this body is not embalmed, fact should be so stated above.