

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12829**  
**1894**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. 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 OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>47 YRS.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> <b>3/21/8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4211 PROSPECT AVENUE</b>		d. STREET ADDRESS (If rural, give location) <b>4211 PROSPECT AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>BARRETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL-23-1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT-3-1900</b>	9. AGE (In years last birthday) <b>49 YRS.</b>	# UNDER 1 YEAR Months   Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES MAN, MENAGERIE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WHOLESALE GROCERY</b>	11. BIRTHPLACE (State or foreign country) <b>TURNER, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>WILLIAM T. BARRETT</b>		13b. MOTHER'S MAIDEN NAME <b>CORA LOWRY</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPHINE BARRETT</b>	
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>510-05-8897</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. JOSEPHINE BARRETT</b> ADDRESS <b>4211 PROSPECT KANSAS CITY, MO</b>	

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>Acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>Geo. C. Kealhofer, M.D., Deputy Coroner</b>		23b. ADDRESS <b>3344 Prospect St. Mo</b>		23c. DATE SIGNED <b>4-24-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 26, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>					

DATE REC'D BY LOCAL REG. <b>4-25-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Will Newcomer's Sons</b> ADDRESS <b>1731 BRUSH CREEK BL'VD. KANSAS CITY, MO.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert Ray*

Signed.....

Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City*

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.