

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23762
Registrar's No. 288

BIRTH NO.		REG. DIST. NO. 196	PRIMARY REG. DIST. NO. 5568	Registrar's No. 288	
1. PLACE OF DEATH a. COUNTY JACKSON (Blue)			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY (Rural)		c. LENGTH OF STAY (In this place) 40 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY (RURAL) (Blue)		d. STREET ADDRESS (If rural, give location) 6982 Park Road 0480
3. NAME OF DECEASED (Type or Print) BRIDGET F. BARRETT			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH July 14, 1950			(Month)	(Day)	(Year)
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 7, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
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 (State or foreign country) County Waterford, Ireland 4	12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME William Fitzgerald	13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE Michael T. Barrett	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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edwin Bomar, 6982 Park Road	ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Left Ventricular Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 15 min 10 years 7200
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 14, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 12:40 a. m., from the causes and on the date stated above.					
23a. SIGNATURE George K. Landis, M.D. (Degree or title)		23b. ADDRESS 1630 Prof. Bldg.		23c. DATE SIGNED 7/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/27/50	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. July 16, 1950	REGISTRAR'S SIGNATURE	354	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 20 W. Linwood	

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

JUL 24 RECD

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 *Forrest D. Coldenow*

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *Kenners City, Mo*

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.