

No. 300
10. 48

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30283

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4002

1. PLACE OF DEATH a. COUNTY Jackson		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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 427 Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

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3. NAME OF DECEASED a. (First) EDWIN		b. (Middle) CANTWELL		c. (Last) BARKER		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 4, 1906	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Dept.		10b. KIND OF BUSINESS OR INDUSTRY Kline's		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Francis Barker		13b. MOTHER'S MAIDEN NAME Jennie Cantwell		14. NAME OF HUSBAND OR WIFE Miriam Barker	
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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. 511-10-3801		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Miriam Barker, 427 Benton, K.C., Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis				INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bacterial Endocarditis (aortic valve)					
		DUE TO (c) No rheumatic fever involved					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supp report)				430'	

19a. DATE OF OPERATION 7/6		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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 Sept 10, 1950 to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950 and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas. S. Nelson (Degree or title)		23b. ADDRESS 3626 Independence		23c. DATE SIGNED 9-21-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/23/50		24c. NAME OF CEMETERY OR CREMATORY Int. Olive		24d. LOCATION (City, town, or county) (State) Pittsburg Kansas	
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DATE REC'D BY LOCAL REG. 9-22-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chas. Nelson
3626 1/2 Indep. Ave
Ch 2143

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 Joseph McCarthy

Licensed Embalmer No. 4694

P. O. Address H C 2143

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.