

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12451**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **1513**

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 28 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Mersington		d. STREET ADDRESS (If rural, give location) 3514 Mersington	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) MAURICE	c. (Last) BARBER	4. DATE OF DEATH (Month) (Day) (Year) April 5 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 19, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Min. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bankteller	10b. KIND OF BUSINESS OR INDUSTRY Commerce Trust Co.	11. BIRTHPLACE (State or foreign country) Belton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Frank Barber	13b. MOTHER'S MAIDEN NAME Unknown Patterson	14. NAME OF HUSBAND OR WIFE Nellie Ina Barber
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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) Yes World #1	16. SOCIAL SECURITY NO. 186 07 6225	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie I. Barber, 3514 Mersington
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Heart Failure DUE TO (c) Ventricular Fibrillation		10 hrs 6 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			4201

19a. DATE OF OPERATION	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) (Min.)	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 **3-15, 1949** to **time of death**, 19**51**, that I last saw the deceased alive on **4-4**, 19**51**, and that death occurred at **4:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo M. Mullen M.D.	23b. ADDRESS 3548 Indiana	23c. DATE SIGNED 4-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 4-7-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Leo Mullins IA 5111

5050

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 *Chas E. Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *H. C. ...*

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.