

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33427

State File No. _____
Registrar's No. **4153**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 4912 Holman Road Holman			

3. NAME OF DECEASED a. (First) Otha Dewitt			b. (Middle) Barker			c. (Last) Barker			4. DATE OF DEATH (Month) (Day) (Year) October 1, 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 August 14, 1890		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel punch machine op.				10b. KIND OF BUSINESS OR INDUSTRY K.C. Standard Steel				11. BIRTHPLACE (State or foreign country) Holden, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.			
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13a. FATHER'S NAME James Barker				13b. MOTHER'S MAIDEN NAME Victoria Batchelor				14. NAME OF HUSBAND OR WIFE Stella Viola Barker			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or date of service) World War I				16. SOCIAL SECURITY NO. 496-01-5942				17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Barker				ADDRESS Shawnee, Ks.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ACUTE PULMONARY EDEMA												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema													
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.													
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Myocarditis													
DUE TO (c) Chronic Vascular Nephritis													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												592h	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kett M.D. (Degree or title)				23b. ADDRESS St. Joseph Hosp				23c. DATE SIGNED 1 Oct 51			
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24a. BURIAL, CREMATION (REMOVED) (Specify) Burial		24b. DATE Oct. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery		24d. LOCATION (City, town, or county) (State) Shawnee, Kansas	
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DATE REC'D BY LOCAL REG. 10-1-51		REGISTRAR'S SIGNATURE Heraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos		ADDRESS 10901 Johnson Drive Shawnee, Kansas	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ervin W. Russell
Ervin W. Russell
Licensed Embalmer No. 4385

Signed.....
Student Embalmer

P. O. Address. Shawnee, Kansas

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.