

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

27486

State File No. ....

FILED SEP 8 - 1952

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

BIRTH NO.		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>119</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dallas</u> <u>8420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>3717 Noble Avenue</u> <u>8</u>		
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)	b. (Middle)	c. (Last) <u>BARINA</u>
4. DATE OF DEATH <u>August 31, 1952</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 25, 1886</u>	9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months <u>2</u> Days <u>6</u> if UNDER 28 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sears, Roebuck Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Czechoslovakia</u> <u>6</u>
12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>				
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>451-03-8233</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. T. Pinka, 2132 Montalba Dallas Texas</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism of blood stream</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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, 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Aug 25, 1952</u> to <u>Aug 31, 1952</u> , that I last saw the deceased alive on <u>Aug 30, 1952</u> , and that death occurred at <u>5:05 AM</u> , from <u>U</u> causes and on the date stated above.				
23a. SIGNATURE <u>Hal O Jones</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>118 S. Main Excelsior Springs</u>		23c. DATE SIGNED <u>9-1-52</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>
24d. LOCATION (City, town or county) (State) <u>Dallas, Texas</u>				
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Claude Prichard Excelsior Springs Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 *Lancey K. Jarnan*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.