

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5715**
1050

FILED MAR 13 1953

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 7 mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, NORTH	d. STREET ADDRESS (If rural, give location) 3726 E 43rd ST
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP			

3. NAME OF DECEASED a. (First) Theodocia (Type or Print)			b. (Middle) _____			c. (Last) Barber			4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH OCT. 26, 1884		9. AGE (In years) (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John Willis		13b. MOTHER'S MAIDEN NAME MARY PARKER		14. NAME OF HUSBAND OR WIFE J. D. BARBER	
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 AND ADDRESS F. TAYLOR BARBER 3726 E. 43rd St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction			1 wks
		ANTECEDENT CAUSES			
		DUE TO (b) Coronary atherosclerosis			1 wks
		DUE TO (c) Arteriosclerosis, coronary			undiscovered
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus			10 years

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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Mar 17**, 1951, to **Feb 17**, 1953, that I last saw the deceased alive on **Feb 17**, 1953, and that death occurred at **9:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Lodge (Degree or title) MD. MD		23b. ADDRESS 3729 E. Lerman Road, North KC Mo		23c. DATE SIGNED Feb 17, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-19-53	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Wesson Mississippi		
DATE REC'D BY LOCAL REG. 2-19-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS NEWCOMER'S NORTH KANSAS CITY		

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 _____

Glenn J. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4586

P. O. Address H. O. 16, 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.