

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17889**
2653

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 **KANSAS** b. COUNTY **BEND #150**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY** c. LENGTH OF STAY (in this case) **15 hrs.**
c. CITY OR TOWN **HUTCHINSON** d. Is residence within limits of a city or incorporated town? Yes No **8**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **NORTHEAST OSEOPATHIC HOSP.**
e. STREET ADDRESS (If rural, give location) **218 - W G STREET**

3. NAME OF DECEASED a. (First) **BESSIE** b. (Middle) **JANE** c. (Last) **BARR** 4. DATE OF DEATH (Month) (Day) (Year) **MAY 24 1953**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **APRIL-17-1891** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months Days IF UNDER 4 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 (City and State, or Foreign Country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN B. THOMPSON** 13b. MOTHER'S MAIDEN NAME **Lula Brooks** 14. NAME OF HUSBAND OR WIFE **ROBERT BARR**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **-** 16. SOCIAL SECURITY NO. **-** 17. INFORMANT'S SIGNATURE OR NAME **WILLIAM A. THOMPSON** ADDRESS **330 N. WHEELING K.C. Mo.**

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, assthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) **Coronary thrombosis**
arteriosclerosis
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) _____ 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 **1 Day**
unknown
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 22 1953** to **May 24 1953**, that I last saw the deceased alive on **May 23 1953**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. J. Pochin** (Degree or title) **D.O.** 23b. ADDRESS **6518 Independence Ave** 23c. DATE SIGNED **May 24 1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **MAY-24-1953** 24c. NAME OF CEMETERY OR CREMATORY **-** 24d. LOCATION (City, town, or county) (State) **HUTCHINSON KANSAS**

DATE REC'D BY LOCAL REG. **5-24-53** REGISTRAR'S SIGNATURE **Seraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **P.W. Newcomer Sons** ADDRESS **K.C. Mo.**

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

JUN 9 1952

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.....
Signature of Student Embalmer

Signed *Robert Ray*.....
Licensed Embalmer No. 418

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.