

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35767

State File No.

4723

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson 3748</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. CITY OR TOWN <p style="text-align: center;">Kansas City</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">1741 Holmes</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">714 1741 Holmes</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">MRS. KATHERINE</p>	b. (Middle) <p style="text-align: center;">E.</p>	c. (Last) <p style="text-align: center;">BARNES</p>	(Month) (Day) (Year) <p style="text-align: center;">10-1-53</p>		

5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Feb. 1879</p>	9. AGE (In years last birthday) <p style="text-align: center;">74</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">At home</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">Schnell</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sarah Dunlap</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Nathaniel Claude Barnes</p>
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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) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. W.F. Long, Clayton, Missouri</p>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Coronary occlusion</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">2 1/2 years.</p>
	ANTECEDENT CAUSES DUE TO (b) <p style="text-align: center;">Hypertension</p>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<p style="text-align: center;">4201</p>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 Sept 29, 1953 to Oct 17, 1953, that I last saw the deceased alive on Oct 17, 1953 and that death occurred 10-1-53 at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">H. C. Trippe</p>	(Degree or title) <p style="text-align: center;">MD</p>	23b. ADDRESS <p style="text-align: center;">1018 Argyle Bldg.</p>	23c. DATE SIGNED <p style="text-align: center;">10/1/53</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">10-2-53</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Moriah</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">10-1-53</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>	ADDRESS <p style="text-align: center;">K.C.MO.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A.C. Trippe
1014 Argyle Bldg.
Hav. 3454

T.O.D. 1:55 AM

Will be by here

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.....
F.S. Walker

Licensed Embalmer No. *2744*

P. O. Address *K.E.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.