

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39956

State File No.

FILED NOV 25 1953

BIRTH NO. 50413 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 15964 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>RFD 5, Pettis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD 5- Box 224</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 5 Box 224</u>		d. STREET ADDRESS (If rural, give location) <u>Parkville Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Ann</u> c. (Last) <u>Barr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Aug 13-1953</u>		9. AGE (In years last birthday) <u>3</u>		10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>0</u> Min. <u>0</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Kansas City Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Arwood Barr</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Shamp Barr</u>		14. NAME OF HUSBAND OR WIFE <u>Arwood Barr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arwood Barr</u> ADDRESS <u>Parkville Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUFFOCATION</u> 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>083</u> <u>PETTIS</u> <u>PLATTE</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-17-53</u> m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>		23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>11-18-53</u>	
24a. BURIAL CREMATATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	
24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>					

DATE REC'D BY LOCAL REG. <u>11-18-53</u>		REGISTRAR'S SIGNATURE <u>Alphina R. Quinn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u> ADDRESS <u>Parkville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0830

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

Leland G. Francis

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.