

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9652

State File No.

BIRTH NO. FILED APR 15 1954 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4964 Registrar's No. 18

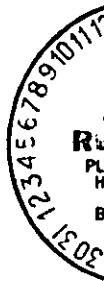
1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Riverside</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>	c. CITY OR TOWN <u>Riverside</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rte. 4, Parkville</u>		e. STREET ADDRESS (If rural, give location) <u>Rte. 4, Parkville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Barry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1903</u>
9. AGE (In years) <u>50</u> if UNDER 1 YEAR last birthday Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed - Sight & Sound Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Chicago, Illinois</u>	
13a. FATHER'S NAME <u>William T Barry</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Wallace</u>	
13c. NAME OF HUSBAND OR WIFE <u>Cora Barry</u>		16. SOCIAL SECURITY NO. <u>W. W. II (49) D 50-037696</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cora Lee Barry (Wife)</u>		ADDRESS <u>4201</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>Acute Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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 <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 <u>June</u> , 19 <u>52</u> , to <u>April 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-5-</u> , 19 <u>54</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. Goldblatt</u> (Degree or Title) <u>M.D.</u>		23b. ADDRESS <u>Union Bldg. K.E.Ks.</u>	
23c. DATE SIGNED <u>4-8-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST Slope Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's N.K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-1954</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u> ADDRESS <u>257</u>	

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

MAR 4 1968

APR 19 1968

VS
AUG 15 1968



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 *Glenn H. Hill*

Licensed Embalmer No. 450

P. O. Address K.C. 16,

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.