

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30476**
Registrar's No. **4243**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL, and give town) **Kansas City**
c. LENGTH OF STAY (in this place) **7 Days**

c. CITY OR TOWN **Blue Springs**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Delora Rest home 622 Benton Blvd.** STREET ADDRESS (If rural, give location) **X Lake Tawapungo 21 D**

3. NAME OF DECEASED
a. (First) **Alta** b. (Middle) **M** c. (Last) **Barrett**
4. DATE OF DEATH (Month) (Day) (Year) **Sept-5-1954**

5. SEX **F M** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Mar-17-1866** 9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Joliet Ills** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Asa Barrett** 13b. MOTHER'S MAIDEN NAME **Evalina Avery** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs Frank Burkett** ADDRESS **Blue Springs 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive vascular disease**
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 wk**
331

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 **Jan 31**, 1954, to **Sept 5**, 1954, that I last saw the deceased alive on **Aug 28**, 1954, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Merrill R. Bay** (Degree or title) **D** 23b. ADDRESS **Blue Springs, Mo** 23c. DATE SIGNED **9-5-54**

24a. BURIAL CREMATATION (Specify) **Burial** 24b. DATE **Sept 8 1954** 24c. NAME OF CEMETERY OR CREMATORY **Chester Hills** 24d. LOCATION (City, town, or county) (State) **Chester Iowa**

DATE REC'D BY LOCAL REG. **9-6-54** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Webb Funeral Home** ADDRESS **Blue Springs**

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

NOV 10 1954

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... *RB Webb*

Licensed Embalmer No. *2308*

P. O. Address *Blue Springs*

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.