

FILED FEB 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1064**
92

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 Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY	c. LENGTH OF STAY (in this place township) 4 DAYS	c. CITY OR TOWN NORTH KANSAS CITY	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 K.C. GENERAL HOSPITAL No. 1		f. STREET ADDRESS (If rural, give location) 6001 1215 CLAY STREET 1	

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) GEORGE c. (Last) BARBERA			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 8 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 29 1911	9. AGE (To years last birthday) 43	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDRY WORKER		10b. KIND OF BUSINESS OR INDUSTRY ALUMINUM BARNES MFG. CO.	11. BIRTHPLACE (City and State or Foreign Country) OAKLAND CALIFORNIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME UNKNOWN BARBERA	13b. MOTHER'S MAIDEN NAME STELLA M^c CULLOUGH	14. NAME OF HUSBAND OR WIFE MRS. OPAL BARBERA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 565-01-9958	17. INFORMANT'S SIGNATURE OR NAME Mrs. OPAL BARBERA ADDRESS 1215 CLAY STREET NORTH KANSAS CITY, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion Head (trauma)		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull 35 DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy from Gen Hagg 8912-3			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Part Retained	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 23 (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-55	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR by falling through truck on street out work

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 **3:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Night Queen Carrier	23b. ADDRESS 1034 Reath Bldg	23c. DATE SIGNED 1-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 8 1955	24c. NAME OF CEMETERY OR CREMATORY AVA CEMETERY	24d. LOCATION (City, town, or county) (State) AVA MISSOURI
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DATE REC'D BY LOCAL REG. 1-8-55	REGISTRAR'S SIGNATURE neva minahall	25. FUNERAL DIRECTOR'S SIGNATURE U. W. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

REC'D
JUN 10 1956

MS 4967

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..... Basil V. Honey

Licensed Embalmer No. 470

P. O. Address F.C. 7

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.