

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. 702

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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give nearest city or town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 32 yrs.		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 2645 Agnes		e. STREET ADDRESS (If rural, give location) 2645 Agnes	

3. NAME OF DECEASED a. (First) HENRIETTA (Type or Print)		b. (Middle)		c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1955	
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 7, 1889	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Work		11. BIRTHPLACE (City and State or Foreign Country) Waco, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Oliver Hayes		13b. MOTHER'S MAIDEN NAME Lucille Brown		14. NAME OF HUSBAND OR WIFE William F. Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME S. M. Haynes - 2645 Agnes	

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) <i>Central Emphysema</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying causes last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>one year</i> 410	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <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 2/13, 1955, to 2/12, 1955, that I last saw the deceased alive on 2/13, 1955, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE Martin C. Lewis (Degree or title) <i>Martin C. Lewis, M.D.</i>		23b. ADDRESS 210 Lincoln Bldg		23c. DATE SIGNED 2/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-55		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge	
		24d. LOCATION (City, town, or county) K.C.		24e. (State) Mo.	

DATE REC'D BY LOCAL REG. 2-16-55		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>E. Sterling Kella</i>		ADDRESS 1212 Vine.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

E. Sterling Bell

Licensed Embalmer No. 317

P. O. Address 1812

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.