

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25998

State File No. _____

FILED SEP 14 1955

3770

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>122 E 43rd St</u>		e. CITY OR TOWN <u>Kansas City</u>	
		f. STREET ADDRESS (If rural, give location) <u>122 E 43rd St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>BARRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-1955</u>
-------------------------------------	------------------------	------------------------	------------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8/8/71</u>	9. AGE (In year last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months <u>5</u>	11. IF UNDER 24 HRS. Days <u>4</u> Hours <u>4</u> Min.
-----------------	----------------------------	--	--------------------------------	--	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Postal Clerk Retired U.S.P.O.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Levee Con. Mo. U.S.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo. U.S.</u>
---	--	--	--

13a. FATHER'S NAME <u>John C Barry</u>	13b. MOTHER'S MAIDEN NAME <u>Della B Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Murray</u>	ADDRESS <u>4901 Main</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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs</u> <u>10 yrs</u> <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cardio Vas Dis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubiti</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u>	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 Monday, 1955, to Aug 26, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don J. Boody, MD</u> (Name or title)	23b. ADDRESS <u>217 Plaza Line Bldg</u>	23c. DATE SIGNED <u>8/26/55</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/29/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-27-55</u>	REGISTRAR'S SIGNATURE <u>W. H. Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shil</u>	ADDRESS <u>K.C. Mo.</u>
---	---	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert J. Boody

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. 51 working under my personal supervision..

Student. Harold P. Reich
Signature of Student Embalmer

Signed Thomas A. Sheil

Licensed Embalmer No. 485

P. O. Address J. C. M.

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.