

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29645**

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3925
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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN 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 KRESTWOODS MED. HOSP.		e. STREET ADDRESS (If rural, give location) 1115 ARMOUR BLVD		
3. NAME OF DECEASED a. (First) EMANUEL b. (Middle) JOHN c. (Last) BARNUM		4. DATE OF DEATH (Month) (Day) (Year) SEP 4 55		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCT 27, 1884	9. AGE (In years last birthday) 70 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Colby Kans.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME		
13b. MOTHER'S MAIDEN NAME unknown		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)		16. SOCIAL SECURITY NO. 514-05-0068		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilke Funeral Home, K.C. Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident (pontine thrombosis or basilar artery thrombosis)		INTERVAL BETWEEN ONSET AND DEATH 4 dys
		ANTECEDENT CAUSES DUE TO (b) Cerebral Artherosclerosis		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331 h
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) 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 9-1- , 19 55 , to 9-4 , 19 55 , that I last saw the deceased alive on 9-4 , 19 55 and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE E. Robert Nigro (Degree or title) MD.		23b. ADDRESS 1222 McGee, Kansas City, Mo.		23c. DATE SIGNED 9-6-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-15-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
		24d. LOCATION (City, town, or county) (State) K.C. Mo.		
DATE REC'D BY LOCAL REG. 9-8-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilke Funeral Home K.C. Mo.

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



Licensed Embalmer No. 425

P. O. Address H.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.