

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1614

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>28 days</u>		c. CITY OR TOWN <u>Kearney</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>6000</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Barr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, EVER MARRIED, 1 WIDOWER, 2 DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Jan 13 1872</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweetwater Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Davis a. Ben</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy a. Baird</u>		14. NAME OF HUSBAND OR WIFE <u>Maikel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David J. Barr</u>		ADDRESS <u>Kearney, Mo.</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>sudden</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>Arteriosclerosis</u>				<u>Today</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Recent Prostatic Resection</u>				<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>				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) (Min.)		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 <u>3-17</u> , 19 <u>56</u> , to <u>4-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>56</u> , and that death occurred at <u>7:15 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED		
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>buried April 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>New Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u> ADDRESS <u>Kearney Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *C. H. Wise*

Licensed Embalmer No. *25*

P. O. Address *Smithville*

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.