

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23592

STATE FILE NUMBER

FILED JUL 18 1956

2706

45554-56 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b> <b>3638</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS <b>4502 Garfield</b>	
Length of stay in lb <b>24 Hrs.</b>		(If outside, give location) <b>103</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>RONALD</b> Middle <b>LEE</b> Last <b>BARRETT</b>			4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>21 June 1956</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri.</b>	
13. FATHER'S NAME <b>Lee O. Barrett</b>			14. MOTHER'S MAIDEN NAME <b>Rheba Crawford</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>L. O. Barrett</b> Address <b>4502 Garfield K.C. Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Premature onset of labor of mother</b>			
DUE TO (c) <b>atelectasis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	STATE

21. I attended the deceased from **June 21, 1956** to **June 22 - 56** and last saw <sup>her</sup> him alive on **June 22, 1956**  
Death occurred at **8:20 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Jay J. Carduff</b> (Deputy or title) <b>Jay J. Carduff, M.D.</b>	22b. ADDRESS <b>1220 East 31st. K. C. Mo.</b>	22c. DATE SIGNED <b>June 26, 1956</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>28 June 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>
24. FUNERAL DIRECTOR <b>Floral Hills Memorial Chapels K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-27-56</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service, 300-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard nomenclature in name for the symptoms which caused the disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Lloyd C. McLeod*.....

Licensed Embalmer No. *48*.....

P. O. Address *K. C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.