

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30580  
STATE FILE NUMBER  
3783  
Registrar's No.

FILED SEP 21 1956

Registration District No. 149 Primary Registration District No. 1002

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |  |                                       |   |   |   |   |  |                                    |   |  |                  |  |
|---|--|--|---------------------------------------|---|---|---|---|--|------------------------------------|---|--|------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>3658</u>      |   |   |   |  |                                    |   |  |                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b> <u>0</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                       | c. CITY<br>OR<br>TOWN <b>Kansas City</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |   |  |                                    |   |  |                  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Gen'l Hosp. #1</b>   |  |  | Length of stay in lb<br><u>11 yrs</u> |   | d. STREET ADDRESS<br><b>3922 Harrison</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                    |   |  |                  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>George Barnes</b>  |  |  |                                       | First <b>George</b> Middle <b>Barnes</b> Last <b>Barnes</b>   |   | 4. DATE OF DEATH<br>Month <b>8</b> Day <b>27</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 type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>10 Nov 1874</b>  |   | 9. AGE (In yrs last birthday) <b>81</b>  |                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | IF UNDER 24 HRS. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |  |  |                                       | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Lawrence Kansas</b>  |   |  |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |                  |  |
| 13. FATHER'S NAME<br><b>Unk Barnes</b>  |  |  |                                       |   |   | 14. MOTHER'S MAIDEN NAME<br><b>Loise Meras</b>  |   |  |                                    |   |  |                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |  |  |                                       | 16. SOCIAL SECURITY NO.<br><b>512-05-5003</b>   |   | 17. INFORMANT<br><b>Mrs Eva King</b>  |   | Address<br><b>3922 Harrison</b>  |                                    |   |  |                  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>  |  |  |                                       |   |   |   |   |  |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>29 04 0 21</b>   |  |                  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |                                       |   |   |   |   |  |                                    | DUE TO (b) _____  |  | DUE TO (c) _____ |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Fracture of left hip</b>  |  |  |                                       |   |   |   |   |  |                                    | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |                  |  |
| 20a. ACCIDENT <input checked="" 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.)<br><b>Fall in home</b> |   |  |                                    |   |  |                  |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br><b>8 4 56</b>  |  |  |                                       |   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   |  |                                    |   |  |                  |  |
|   |  |  |                                       | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Above address</b>   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Kansas City, Jackson, Missouri</b>   |   | COUNTY   |                                    | STATE   |  |                  |  |
| 21. I attended the deceased from <b>August 4, 1956</b> to <b>August 27, 1956</b> and last saw <del>him</del> <sup>her</sup> <b>live on Aug. 27, 1956</b><br>Death occurred at <b>9:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |                                       |   |   |   |   |  |                                    |   |  |                  |  |
| 22a. SIGNATURE <b>B. J. Barnes M.D.</b> (Degree or title)   |  |  |                                       |   |   | 22b. ADDRESS<br><b>24th &amp; Cherry</b>  |   |  | 22c. DATE SIGNED<br><b>8-28-56</b> |   |  |                  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>30 Aug 1956</b>  |                                       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Flora Hill</b>   |   |   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Jackson Mo</b> |                                    |   |  |                  |  |
| 24. FUNERAL DIRECTOR<br><b>Flora Hill Mem Chapel KCMo</b>   |  |  |                                       | ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-29-56</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Neve Minshall</b>                              |                                    |   |  |                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*D Ross Blanford*

Licensed Embalmer No. *401*

P. O. Address *KCK*

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.