

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other conditions must be related. Coroner cannot certify to a death due to natural causes. All other conditions must be related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gordon P. Barnett

FILED DEC 7- 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **37976**
REGISTRAR'S NO. **5014**

Registration District No. **149** Primary Registration District No. **1002**

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Length of stay in hospital 12 yrs.	d. STREET ADDRESS 4422 J.C. Nichols Parkway	
3. NAME OF DECEASED (Type or print) First ELLIS Middle HERNDON Last DISNEY			4. DATE OF DEATH Nov. 17, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/18/05	9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T.W.A. Electrician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eureka, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edgar E. Disney			14. MOTHER'S MAIDEN NAME Edith Hawkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 495-07-2912	17. INFORMANT Jane Disney Address 4422 J.C. Nichols Parkway		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion & Infarction					INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					4201
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 type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a. m. _____ p. m. _____					
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 COUNTY STATE	
21. I attended the deceased from Nov 17, 1956 3PM to Nov 17, 1956 10PM and last saw ^{her} him alive on Nov 17, 1956 10PM . Death occurred at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Gordon P. Barnett M.D. (Degree or title)			22b. ADDRESS 6333 Brookside Plaza		22c. DATE SIGNED Nov. 19-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/20/56	23c. NAME OF CEMETERY OR CREMATORY Lowry City		23d. LOCATION (City, town, or county) (State) Lowry City, Missouri
24. FUNERAL DIRECTOR Stine & McClure ADDRESS 3235 Gillham Pl.		25. DATE RECD. BY LOCAL REG. 11-20-56		26. REGISTRAR'S SIGNATURE Neva Minshall	

Dr. Garden Larnett
6333 W. Riverside Plaza
Ja-3-4466
2:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eugene T. Kern*.....

Licensed Embalmer No. *46*.....

Kansas City
P. O. Address.....

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.