

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41345**
5620

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE MO c. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY, W.	
c. LENGTH OF STAY (in this place) 50 YRS.		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 BENNETT MANOR CONV.		e. STREET ADDRESS (If rural, give location) 3908 Mid OAKS Rd. 50th	
3. NAME OF DECEASED a. (First) NANCY		b. (Middle) STELLA	
c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1867
9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CLAY Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JAMES H PRATHER	13b. MOTHER'S MAIDEN NAME MARGARET BROADHURST	14. NAME OF HUSBAND OR WIFE George M. BARNES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET Hodge 3908 Mid OAKS Rd	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Debility DUE TO (c) General arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4500
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)	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 June , 19 50 , to Dec 25, 1956 , that I last saw the deceased alive on Dec 24 , 19 56 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert H. Hodge (Degree or title) MD		23b. ADDRESS 329 Arroyo, No Kc in	23c. DATE SIGNED 12-26-56
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE 12-27-56	24c. NAME OF CEMETERY OR CREMATORY Faubien Chapel Cem	24d. LOCATION (City, town, or county) (State) CLAY Co. MO
DATE REC'D BY LOCAL REG. 12-27-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Iowa N. K.C. Mo.	

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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... *Edmund H. Hill*

Licensed Embalmer No... *4586*

P. O. Address... *K.C. 16. Mo.*

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.