

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED MAR 4 1957

BIRTH NO. 69453-57 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Clay</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>North Kansas City 4 mos.</u>		c. CITY OR TOWN <u>North Kansas City</u> c. LENGTH OF STAY (in this place) <u>4 mos.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2935 Buchanan</u>		e. STREET ADDRESS (If rural, give location) <u>2935 Buchanan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u> b. (Middle) <u>Ann</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 7, 1956</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>4</u>	Hours <u>4</u>	Min. <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Beverly William Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Jean Downing</u>	14. NAME OF HUSBAND OR WIFE
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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>B.W. Barnes</u>	ADDRESS <u>2935 Buchanan</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Aspiration of vomitus</u> DUE TO (c) <u>Foreign body in pharynx</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9220</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Kansas City, Clay, Mo Missouri</u>
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21d. TIME OF INJURY <u>2/18/57 9:00AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Plastic bag became lodged in pharynx.</u>
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22. I hereby certify that I attended the deceased from 2/18/57, 1957, to 2/18/57, 1957, that I last saw the deceased alive on 2/18/57, 1957, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

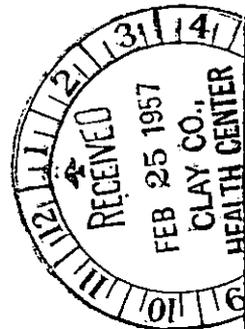
23a. SIGNATURE (Degree or title) <u>Jack L. Wingard M.D.</u>	23b. ADDRESS <u>2025 Swift, North K.C., Mo.</u>	23c. DATE SIGNED <u>2/18/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>2-20-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caldwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>2-19-57</u>	REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>Don N.K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+94  
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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 *Glenn A. 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.