

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4565**
573

FILED FEB 27 1957

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

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, write RURAL and give township) Kansas City	c. LENGTH OF STAY (If this place) 11 WEEKS	c. CITY OR TOWN 3908 Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		9b. STREET ADDRESS (If rural, give location) 1516 E. 77th Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) Elias b. (Middle) NICHOLAS c. (Last) Barrack	4. DATE OF DEATH (Month) (Day) (Year) 2-4-57
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-5-90	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING DESIGNER	10b. KIND OF BUSINESS OR INDUSTRY QUEEN MODES, INC.	11. BIRTHPLACE (City and State or Foreign Country) SAO PAULO BRAZIL	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NICHOLAS S. BARRACK	13b. MOTHER'S MAIDEN NAME REGINA MALOUE	14. NAME OF HUSBAND OR WIFE MRS. EMILY BARRACK
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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) NO	16. SOCIAL SECURITY NO. 195-07-7697	17. INFORMANT'S SIGNATURE OR NAME MRS. EMILY BARRACK	ADDRESS 1516 EAST 77th TERRACE KANSAS CITY, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		Yes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive and Coronary Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 1
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-22**, 19**56**, to **2-4**, 19**57**, that I last saw the deceased alive on **2-4**, 19**57**, and that death occurred at **8:23 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V.B. Ballard MD	23b. ADDRESS 411 Nichols Rd. S.P. Mo.	23c. DATE SIGNED 2-5-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-7-1957	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-6-57	REGISTRAR'S SIGNATURE New Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomb	ADDRESS 1331-DRUSH CAREER KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
V. B. Ballard

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 *Basil Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *RC*.....

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.