

Health, Welfare, Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Thomas M. Johnson

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8541

FILED APR 10 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1325

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			Length of stay in <u>20 yrs</u>		d. STREET ADDRESS <u>723 W 77th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Mr. Lenzo Barber</u>				4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 7 1905</u>		9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steamfitter-Welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co</u>		11. BIRTHPLACE (City and state or country) <u>Republic, Missouri U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>J. P. Barber</u>				14. MOTHER'S MAIDEN NAME <u>Lara Stiffler</u>					
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>500-12-1570</u>		17. INFORMANT <u>Pauline Barber</u>			Address <u>723 W 77th St KC Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute & Chronic Cholecystitis</u> DUE TO (c) <u>Cholangitis - Common duct Stone - Jaundice</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>584 X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>14 days</u> <u>14 days</u>	
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 <u>3-6-57</u> to <u>3-20-57</u> and last saw <u>him</u> alive on <u>3-20-57</u> Death occurred at <u>7:40 Pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) <u>Thomas M. Johnson M.D.</u>					22b. ADDRESS <u>310 W 47th St KC Mo</u>			22c. DATE SIGNED <u>3-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-24-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McCannell Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Nixa Missouri</u>		
24. FUNERAL DIRECTOR <u>France-Warnall Funeral Home</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Leva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Delaware
10 W
Dec 1

APR 10 1951

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 *Russell N. Fran*

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.

