

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40195

STATE FILE NUMBER

5109

FILED NOV 20 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

S. 300
v. 1-57

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3734 Virginia		d. STREET ADDRESS (If outside, give location) 3734 Virginia	
Length of stay in lb 1 Year		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Marie Middle -Adkins- Last Barrett			4. DATE OF DEATH Month November Day 2 Year 1957		
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5. SEX Female	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 May 12, 1938	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Sandy Hook, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lonnie Adkins	13b. MOTHER'S MAIDEN NAME Serilda Prewitt	14. NAME OF HUSBAND OR WIFE Owen Harry Barrett Jr.
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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. none	17. INFORMANT Owen Harry Barrett Jr. Address 3734 Virginia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		480+
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) History Influenza 2 weeks		

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.) History Influenza 2 weeks	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Hugh H. Owens (Degree or title) 3	22b. ADDRESS 1834 Pinalto Bldg	22c. DATE SIGNED 11-2-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-2-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Sandy Hook, Kentucky
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24. FUNERAL DIRECTOR Mollody McGilley Eylar Fun. Home Kan City Mo.	25. DATE RECD. BY LOCAL REG. 11-2-57	26. REGISTRAR'S SIGNATURE newa minshull
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Embalmer _____
 Address of Embalmer _____
 City _____ State _____
 License No. _____
 Date of License _____
 Signature of Embalmer _____
 Date _____



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 Melvin Fortson

Licensed Embalmer No. 4903
 P. O. Address KCMO

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.