

Health, Welfare, Public Service, 300, 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, that must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1511

FILED JAN 23 1958

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 19

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>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Sanit. &amp; Hosp.</u>		Length of stay in lb <u>1 yr.</u>	d. STREET ADDRESS <u>2924 Sterling</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>JAMES</u> Last <u>BARNES</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>10</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher &amp; Gov. Wrkr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School &amp; Int. Revenue</u>	11. BIRTHPLACE (City and state or country) <u>Elizabeth, Indiana</u>
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Sheildon Barnes, 2924 Sterling, Indep., 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>Urterial obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Pylonephritis</u> DUE TO (c) <u>Carcinoma of Prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u> <u>1 yr.</u> <u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Bilateral Bronchial Pneumonia</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>177X</u>		
20c. TIME OF INJURY. Hour <u>3:25</u> Month <u>Dec</u> Day <u>23</u> Year <u>1956</u> a. m. <u>P</u> 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>Dec 1956</u> to <u>Jan 10, 1958</u> and last saw <sup>him</sup> alive on <u>Jan 10, 1958</u> Death occurred at <u>3:25</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. H. Douch</u> <u>MD</u>		22b. ADDRESS <u>10901 Winner Rd. Indep. Mo</u>	22c. DATE SIGNED <u>Jan 10, 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan 12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Elizabeth, Indiana</u>
24. FUNERAL DIRECTOR <u>George C. Carson, Independence, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-12-58</u>	26. REGISTRAR'S SIGNATURE <u>James S. [unclear]</u>	

JAN 23 1958

JAN 24 1958

JAN 22 1958

---

---

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 *A Kenneth Patterson*

Licensed Embalmer No. *46*

P. O. Address *Indy*

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.