Health, Welfare Public Service

300 -57

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI 91381-57

STANDARD CERTIFICATE OF DEATH

58-005353

STATE FILE NUMBER 812

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Children's Mercy Hospital — Length of stay in 1b 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN North Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1910 Armour Road — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Vicki Middle Lynn Last Barton

4. DATE OF DEATH Month 2 Day 12 Year 58

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ Infant

8. DATE OF BIRTH 11-16-57

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (City and state or country) Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Robert L. Barton

13b. MOTHER'S MAIDEN NAME Shirley Mae Trendley

14. NAME OF HUSBAND OR WIFE None

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 Mrs. Robert Barton Address 1910 Armour Rd. N.K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Transposition of the
DUE TO (c) great vessels)

INTERVAL BETWEEN ONSET AND DEATH: Since birth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-12-58, to 2-12-58 and last saw her alive on 2-12-58
Death occurred at 4 02 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne Hart M.D.

22b. ADDRESS 1710 Independence Avenue

22c. DATE SIGNED 2/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-15-58

23c. NAME OF CEMETERY OR CREMATORY East Slope Cem

23d. LOCATION (City, town, or county) Platte Co (State) Mo

24. FUNERAL DIRECTOR N.W. Newtomers ADDRESS Iowa N.K.C.

25. DATE RECD. BY LOCAL REG. 2-15-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Wayne Hart

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 H. 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.