. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

6009

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017613
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 73 Primary Registration District No. 4133 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kearney — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b 9 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kearney 6009 — Inside Limits Yes X / No ☐
d. STREET ADDRESS None (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First MARY Middle ANN Last HASH

4. DATE OF DEATH Month April Day 27 Year 58

5. SEX F

6. COLOR OR RACE W

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Feb. 26-1875

9. AGE (In years last birthday) 83 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (City and state or country) Warsaw Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezekiel Barry

14. MOTHER'S MAIDEN NAME Mary Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Address Elmer Hash — Kearney, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 15 yr
DUE TO (c) _____ 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X — 2

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 1940, to Apr. 27, 1958 and last saw her/him alive on Mar 1, 1958
Death occurred at about 1 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn W. Sims (Degree or title) MD — **22b. ADDRESS** Liberty, Mo — **22c. DATE SIGNED** 4/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** Apr 30-58 — **23c. NAME OF CEMETERY OR CREMATORY** Fairview — **23d. LOCATION** (City, town, or county) Liberty (State) Mo.

24. FUNERAL DIRECTOR Pearce-Archer Co. — **ADDRESS** Liberty Mo. — **25. DATE RECD. BY LOCAL REG.** 5-5-58 — **26. REGISTRAR'S SIGNATURE** Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Lonborg

Licensed Embalmer No. 444

P. O. Address Silvestri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.