

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032526

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4472

S. 300
1-57

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

E. Foroughi

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		8150 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital			Length of stay in 1b 2 days		d. STREET ADDRESS (If outside, give location) 514 Osage		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First ALBERT Middle BARR Last BARR				4. DATE OF DEATH Month 9th Day 19th Year 1958								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-26-95		9. AGE (In years last birthday) 63 yrs		FUNDER YEAR Months 1 Days 19 Hours 58 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner			10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and state or country) Wyandotte County, Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Charles Barr				13b. MOTHER'S MAIDEN NAME Jane Meeker				14. NAME OF HUSBAND OR WIFE UNKNOWN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI				16. SOCIAL SECURITY NO. 495 20 5334		17. INFORMANT Address V.A. Hospital Records, Kansas City, Mo						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure										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) Rheumatic aortic & mitral valvulitis										4108		
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 <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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> VA			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 September 17, 1958 to September 19, 1958 last seen alive Death occurred at 2:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE E. Foroughi M.D.						22b. ADDRESS MD V.A. Hospital, Kansas City, Mo			22c. DATE SIGNED 9-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)				
BURIAL		SEPT. 23, 1958		VETERANS Administration				WADS WORTH, KANSAS				
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO						25. DATE RECD. BY LOCAL REG. 9-22-58		26. REGISTRAR'S SIGNATURE neva minshall				

2

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 *W. J. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kanawha City*

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.