

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039806

STATE FILE NUMBER

5612

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5612

| | | | |
|---|--|--|--|
| 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>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) <u>7801 EAST 99TH ST.</u> | |
| Length of stay in lb <u>40 YEARS</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MYRTLE O. BARBER</u> | | | 4. DATE OF DEATH Month Day Year <u>NOV. - 25, 1958</u> | | |
|---|--|--|--|--|--|

| | | | | | | |
|-------------------------|----------------------------------|---|---|--|---|----------------------|
| 5. SEX <u>FEMALE</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>APRIL 30, 1887</u> | 9. AGE (In years past birthday) <u>71</u> | 10. FUNDER 1 YEAR Months Days Hours Min. | 11. IF UNDER 24 HRS. |
|-------------------------|----------------------------------|---|---|--|---|----------------------|

| | | | |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | 11. BIRTHPLACE (City and state or country) <u>SALINA KANSAS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|--|--|---|

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>LEONARD CLEMMONS</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN SMITH</u> | 14. NAME OF HUSBAND OR WIFE <u>HARRY E. BARBER</u> |
|---|---|---|

| | | | |
|--|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT <u>JACK BARBER</u> | Address <u>2801 EAST 99TH STREET KANSAS CITY MISSOURI</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>Massive Pulmonary Embolis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>7th Post op day left</u> | | |
| DUE TO (c) <u>nephrectomy - Hydronephrosis & stone</u> | | <u>602 X</u> |
| 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 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. | 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>September 1958</u> to death and last saw her alive on <u>November 25, 1958</u> ✓ Death occurred at <u>1058</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>Langston F. Whitson</u> | 22b. ADDRESS <u>4620 Nichols Parkway, K. C., Mo.</u> | 22c. DATE SIGNED <u>11/25/1958</u> |

| | | | |
|--|-------------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>NOV - 28 - 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
|--|-------------------------------------|---|--|

| | | |
|---|---|---|
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS - KANSAS CITY, MO</u> | 25. DATE RECD. BY LOCAL REG. <u>11-28-58</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> |
|---|---|---|

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

for 1,7612

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. *448*

P. O. Address *Kansas 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.