

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043969

STATE FILE NUMBER

5657

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS (If outside, give location) 1878 N. 31st.	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE LENORA BARKER		4. DATE OF DEATH Month Day Year Nov. 28, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Kansas City, Ks.
13a. FATHER'S NAME Horace Colvin		13b. MOTHER'S MAIDEN NAME Cora Barker	14. NAME OF HUSBAND OR WIFE Joseph C. Barker
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 Address Joseph C. Barker Kansas City, Ks.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Multiple Abscesses DUE TO (c) Diabetes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Fracture neck of femur rt. Aug 29th 58.			INTERVAL BETWEEN ONSET AND DEATH Sudden death 260 x F
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Aug 29th 58 to Nov 28 / 58 and last saw her alive on Nov. 28 / 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Terry E. Lilly M.D.		22b. ADDRESS 915 Chandler St.	
22c. DATE SIGNED 11/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/1/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Ks.
24. FUNERAL DIRECTOR ADDRESS Geo. F. Porter & Sons K.C.Ks.		25. DATE RECD. BY LOCAL REG. 12-1-58	26. REGISTRAR'S SIGNATURE Walter Marshall

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

All diseases in Part I must be causally related.

Terry E. Lilly USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

PK

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 *Chas H. Rider*

Licensed Embalmer No. 3404

P. O. Address 19th & Minnesota Kansas City, Ks.

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.