

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021196

FILED JUN 17 1959

Registration District No. 147 Primary Registration District No. 1002 STATE FILE NUMBER 2724 Registrar's No. 2724

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5525 MICHIGAN		Length of stay in lb SINCE 1956	d. STREET ADDRESS (If outside, give location) 5525 MICHIGAN Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EUNICE URA BARNES			4. DATE OF DEATH Month Day Year JUNE 2, 1959
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 19, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 51 YRS. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
11a. BIRTHPLACE (City and state or country) MONTGOMERY, ALABAMA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM YEARWOOD		13b. MOTHER'S MAIDEN NAME FORREST HOBBS	14. NAME OF HUSBAND OR WIFE PHIL H. BARNES
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 PHIL H. BARNES 5525 MICHIGAN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Block			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Rheumatic Heart Disease			40 years
DUE TO (c) Chronic Atrial Fibrillation 12+ years			416X
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 March 21 1944 - June 2 1959 and last saw her alive on May 31, 1959 Death occurred at 10:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl R. Ferris MD (Degree or title)		22b. ADDRESS 535 Argyle Bldg Kansas City 6 Missouri	22c. DATE SIGNED 6-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 4, 1959	23c. NAME OF CEMETERY OR CREMATORY FLORENCE HILLS CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS W. W. Murren's son Mo		25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE Reva Minshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Carl R. Ferris

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 

Licensed Embalmer No. 442
P. O. Address Kansas

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.