URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-006139

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1223 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 49 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3821 MERSINGTION — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Joseph Middle Lyle Last Barnes
4. DATE OF DEATH Month 2 Day 27 Year 60
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH AUG 31, 1895
9. AGE (last birthday) 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) OLA ARKANSAS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN BARNES
13b. MOTHER'S MAIDEN NAME LULU ELLIS
14. NAME OF HUSBAND OR WIFE MILDRED BARNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 486 10 6673
17. INFORMANT MILDRED BARNES Address 3821 MERSINGTON

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 Thrombosis — 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 Atherosclerosis — 18 Mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Lungs with Cancerous
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan 8, 1960 to Feb 27, 1960 and last saw ~~her~~ him alive on 2/27/60
Death occurred at Research Hospital m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert C. McClanahan (Degree or title) MD
22b. ADDRESS 820 Professional Bldg
22c. DATE SIGNED 2/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3 1 60
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-1-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF: Robert C. McClanahan

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert L Savage

Signature of Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas C

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