

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019274

FILED VS MAY 27 1960

149

Registration District No. 1002 Registrar's No. 2632

STATE FILE NUMBER

VOID

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MO		b. COUNTY JACKSON
b. CITY (if outside corporate limits, give TOWNSHIP only) KANSAS CITY	Length of stay in 1b HMO 13 1/2	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION KANSAS CITY T.B. HOSP	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1752 SUMMIT	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First DICK	Middle	Last BARKETT	Month 5	Day 10
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 3-13-1888	9. AGE (last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) SYRIA	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME MIKE BARKETT	13b. MOTHER'S MAIDEN NAME Wazna Barkett	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none	16. SOCIAL SECURITY NO. 489-03-1234	17. INFORMANT Address PHILLIP BARKETT-1731 SWOPE PARK.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Tuberculosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 **JUNE 8, 1959** to **MAY 10, 1960** and last saw ^{her}him alive on **MAY 10 - 1960**
Death occurred at **2:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Altomare M.D.	22b. ADDRESS KCTB HOSPITAL	22c. DATE SIGNED 5-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/13/1960	23c. NAME OF CEMETERY OR CREMATORY -
24. FUNERAL DIRECTOR ADDRESS R.A. Fulton K. C. Kansas	25. DATE RECD. BY LOCAL REG. 5-13 60	26. REGISTRAR'S SIGNATURE Neve Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edward P. Altomare

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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3035

P. O. Address K.P.K.

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.