

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUL 8 1960

=60-022607

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City North</b>		Length of stay in 1b <b>21 yrs.</b>	c. CITY OR TOWN <b>Kansas City North</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N.K.C. Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2-E-42nd Ter. North</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Betty</b> Middle <b>Ellen</b> Last <b>Barbe</b>			4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1960</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/3/17</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>24</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and state or country) <b>Cottonwood Pa. Kan.</b>		
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>George M. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Pearle I. Evans</b>		
13c. NAME OF HUSBAND OR WIFE <b>Robert W. Barbe</b>		14. NAME OF HUSBAND OR WIFE <b>Robert W. Barbe</b>				

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Robert W. Barbe</b>	Address <b>2-E-42 Ter. No.</b>
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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) <b>acute respiratory failure</b>		<b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>bronchopneumonia and lung metastases</b>		<b>4 weeks</b>
DUE TO (c) <b>metastatic carcinoma - primary ovary</b>		<b>2 years</b>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) <b>--</b>
20c. TIME OF INJURY Hour <b>--</b> Month, Day, Year <b>--</b> a.m. <b>--</b> p.m. <b>--</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>--</b>
20f. CITY, TOWN, OR LOCATION <b>--</b>		COUNTY <b>--</b> STATE <b>--</b>

21. I attended the deceased from **September, 1958** to **June 25, 1960** and last saw her live on **June 25, 1960**  
 Death occurred at **8:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>G. Comer</b>	Degree or title <b>Bates, M.A.</b>	22b. ADDRESS <b>2730 South Mall Overbrook, Kansas City 19, Mo.</b>	22c. DATE SIGNED <b>6/26/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/28/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Mem. Gar.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City North, Mo.</b>
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24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b>	ADDRESS <b>Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-27-60</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**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 William H. Eayre

Licensed Embalmer No. 4728

P. O. Address K.C. Mo.

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.