

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1960

=60-023047

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2966 STATE FILE NUMBER

| | | | |
|---|--|---|---|
| 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) OR TOWN KANSAS CITY | | Length of stay in 1b 9 yrs. | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2807 Brooklyn | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2807 Brooklyn |
| 3. NAME OF DECEASED (Type or print) First Middle Last ARRELLA BARR | | 4. DATE OF DEATH Month Day Year June 1, 1960 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-2-1898 |
| 9. AGE (last birthday) 62 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Paris Texas USA |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Billie Littlejohn | 13b. MOTHER'S MAIDEN NAME Unknown |
| 14. NAME OF HUSBAND OR WIFE Sylvester Barr | 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. 443-16-1643 | 17. INFORMANT Ruby Gipson 2805 Brooklyn Daughter |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Hypertension, essential</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>undetermined</u> <u>undetermined</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Old cerebral vascular accident (2)</u> | | | 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 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 Month, Day, Year a.m. p.m. | 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 <u>1 June 1960</u> to <u>1 June 1960</u> and last saw her <u>alive</u> on <u>June 1960</u> Death occurred at <u>1225 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Walter U. Franklin, M.D.</u> | | 22b. ADDRESS <u>2462 Brooklynn Avenue</u> | 22c. DATE SIGNED <u>2 June 1960</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-4-60 | 23c. NAME OF CEMETERY OR CREMATORY Highland | 23d. LOCATION (City, town, or county) (State) Kans. City, Missouri |
| 24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton | | 25. DATE RECD. BY LOCAL REG. 6-2-60 | 26. REGISTRAR'S SIGNATURE <u>Walter U. Franklin</u> |

DOCUMENT

BY AFFIDAVIT OF Curtis U. Franklin, M.D. MEDICAL CERTIFICATION

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 Bruce R. Watkins

Licensed Embalmer No. 450

P. O. Address 18th & B

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