

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041853

FILED VS. DEC 12 1960

149

Primary Registration District No. 1002

Registrar's No.

5838

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 65 YEARS				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 <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 2512 MONROE AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Lula Middle May Last Barber				4. DATE OF DEATH Month NOVEMBER Day 19 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/26/1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WORKER				10b. KIND OF BUSINESS OR INDUSTRY GARMENT		11. BIRTHPLACE (City and state or country) ATLANTIC, IOWA		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME ARTHUR W. WATROUS				13b. MOTHER'S MAIDEN NAME CARRIE E. DEUTSCH				14. NAME OF HUSBAND OR WIFE JAMES W. BARBER					
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. 486-03-5545		17. INFORMANT 9400 LEWIS JAMES W. BARBER, JR. KANSAS CITY, 38, MO.							
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 (b) Arteriosclerosis (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 20 min. ?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteoarthritis								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 August 15, 1960 to November 19, 1960 and last saw her November 16, 1960 him alive on Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Frank E. Day</i>								22b. ADDRESS 4314 E. 9, K.C. Mo.				22c. DATE SIGNED 11-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 21, 1960		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY				23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 11-21-60		26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank E. Day

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Clement

Licensed Embalmer No. 7520

P. O. Address Peasport

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