MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-001224
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 207

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in Ib: 36 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1531 EAST 46TH STREET — 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): 1531 EAST 46TH STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLOYD — Middle PAUL — Last BARRICK
4. DATE OF DEATH: Month JANUARY — Day 13 — Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/20/92
9. AGE (last birthday): 68 Years — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Carpet Fac Forrest Mills
11. BIRTHPLACE (City and state or country): Tuscola, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry Palmer BARRICK
13b. MOTHER'S MAIDEN NAME: Margaret M. Choyce
14. NAME OF HUSBAND OR WIFE: Rachel Barrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 511-05-0402
17. INFORMANT: Mrs. Geo. Hanson — Address: Villa Grove, Ill.

MEDICAL CERTIFICATION

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 Occulsion	None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Desiese	5 yrs.
DUE TO (c)	Generalized Arteriosclerosis	5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Decompensation

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 Oct 1 1960, to Jan 13, 1961 and last saw him alive on Jan 6, 1961
Death occurred at Jan 13, 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Otto W. Theel (Degree or title) M.D.
22b. ADDRESS: 4301 Main St. KC Mo
22c. DATE SIGNED: 1-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 16th, 1961
23c. NAME OF CEMETERY OR CREMATORY: Chillicothe Cemetery
23d. LOCATION (City, town, or county) (State): Chillicothe, Illinois

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CR. KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 1-14-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4724

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.