

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 968

STATE FILE NUMBER

AMENDED

FILED VS MAR 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 1 b. c. CITY OR TOWN INDEPENDENCE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 115 SOUTH FOREST
3. NAME OF DECEASED (Type or print) First ARCHIBALD Middle WILLIAM Last BARNBY		4. DATE OF DEATH Month FEBRUARY Day 23 Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator		10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY, MO.	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHESMAN BARNBY		13b. MOTHER'S MAIDEN NAME EMILY GUTIER	14. NAME OF HUSBAND OR WIFE ANNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. W. INFORMANT: Anne Barnby Wife 115 S. Forest Indep, Mo. Official Records VA Hospital, K.C., 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) Acute bronchitis, bilateral DUE TO (b) Paraplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Cervical spinal cord injury, traumatic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			INTERVAL BETWEEN ONSET AND DEATH 3 years
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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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.) VA		20f. CITY, TOWN, OR LOCATION 333 COUNTY STATE	
21. Attended the deceased from Nov 22, 1957 to Feb 23, 1961		Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S. H. CHOY, M.D. (Degree or title)		22b. ADDRESS VA Hospital, K.C., Mo.	
22c. DATE SIGNED 2-24-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb-27-1961	23c. NAME OF CEMETERY OR CREMATORY Maumel Grove Cemetery Independence mo
24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Independence		25. DATE RECD. BY LOCAL REG. 2-24-61	26. REGISTRAR'S SIGNATURE Ruth Long

APR 28 1961

VS MAR 18 1961

Embalmer (Professional Seal)

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 _____
Signature of Student Embalmer

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indy, 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.

10-42-3