MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 1854-61-013612

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

AMENDED

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital — 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 Raytown — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8415 Blue Ridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MINNIE Middle: Last: BARKER
4. DATE OF DEATH Month: April Day: 13 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/19/80
9. AGE (last birthday): 70 80 — 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: HOUSEWIFE
11. BIRTHPLACE (City and state or country): CHESAPEAKE MO
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: C. M. LESTER
13b. MOTHER'S MAIDEN NAME: SUSAN WHEELER
14. NAME OF HUSBAND OR WIFE: Charles H. Barker
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.: NONE
17. INFORMANT: FRANK BARKER — Address: 511 WEST 11TH ST. KANSAS CITY, 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) Hypo STATIC PNEUMONIA.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL VASCULAR ACCIDENT
DUE TO (c) HYPERTENSION
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 MAY - 1960, to APRIL 1961 and last saw her/him alive on APRIL 13, 1961
Death occurred at 2:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. P. Schwab (Degree or title) DO — 22b. ADDRESS Grandview, Mo — 22c. DATE SIGNED 4-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: Apr. 15, 1961 — 23c. NAME OF CEMETERY OR CREMATORY: — — 23d. LOCATION (City, town, or county) (State): Aurora Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. — ADDRESS 1331 Brush Creek Blvd.
25. DATE RECD. BY LOCAL REG. 4-15-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION — J. P. Schwab

Dr. Schwarz [illegible]
to sign

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 Louis Quest

Licensed Embalmer No. 4096

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.