

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-038567
5089 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5089

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty MEDICAL CERTIFICATION

FILED OCT 19 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Jackson</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>
Length of stay in 1b <u>5yrs</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1205 West 47th</u>	d. STREET ADDRESS (If outside, give location) <u>5331 Highland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William J. Barry</u>	
4. DATE OF DEATH Month Day Year <u>10 - 7 - 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-8-1879</u>
9. AGE (last birthday) <u>82</u>	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) <u>Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>
11. BIRTHPLACE (City and state or country) <u>New Bedford Conn,</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>(Unknown) Barry</u>	13b. MOTHER'S MAIDEN NAME <u>Rebina (unknown)</u>
14. NAME OF HUSBAND OR WIFE <u>Mary Barry</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Gertrude Hollingsworth</u> Address <u>1205 W. 47th St.</u>
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 Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u>	<u>8 mos</u>
DUE TO (c) <u>Arterio sclerosis.</u>	<u>20 yr</u>
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. <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 <u>3/9/62</u> to <u>10/7/62</u> and last saw him alive on <u>9/30/62</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title) <u>DO</u>	22b. ADDRESS <u>402 Westmoreland St. C9 Mo</u>
22c. DATE SIGNED <u>10/7/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-8-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>-</u>	23d. LOCATION (City, town, or county) (State) <u>Chetopa, Kansas</u>
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u> ADDRESS <u>20 W. Linwood</u>	25. DATE RECD. BY LOCAL REG. <u>10-7-62</u>
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

He 4-9701

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 W. H. Lentz

Licensed Embalmer No. 5038

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.