

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046755

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6312 STATE FILE NUMBER

**FILED JAN 7 1963**

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 32 yrs.  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Linwood Nursing Home Inside Limits Yes  No   
1900 Linwood Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS Aberdeen Hotel (If outside, give location) 514 East 9th. St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First RAYMOND Middle FLOYD Last BARTON 4. DATE OF DEATH Month 12 Day 9 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-20-98 9. AGE (last birthday) 63

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder 10b. KIND OF BUSINESS OR INDUSTRY Stewart Sand Co. 11. BIRTHPLACE (City and state or country) Sumerset, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Barton 13b. MOTHER'S MAIDEN NAME Minnie Cecil 14. NAME OF HUSBAND OR WIFE Gladys Barton

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. [Redacted] 17. INFORMANT Records: Linwood Nursing Home  
Records: Jackson County Welfare, K.C.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 3 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis 8 years  
 DUE TO (c)

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 5-14-61 Month, Day, Year 12-9-62  
 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 428 So White ave COUNTY STATE

21. I attended the deceased from 5-14-61 to 12-9-62 and last saw him alive on 12-9-62  
 Death occurred at 9:20 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Paul Laurezana MD 22b. ADDRESS 428 So White ave 22c. DATE SIGNED 12-9-62  
 23a. NAME OF STATE EMBALMER School of Dentistry 23b. DATE 12-12-62 23c. LOCATION (City, town or county) (State) Kansas City, Missouri  
 24. FUNERAL DIRECTOR Weilert Funeral Homes (w) K.C., MO. ADDRESS 12-12-62 25. DATE RECEIVED LOCAL REG. 26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59  
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 BY AFFIDAVIT OF  
 EMBALMER  
 Paul Laurezana

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
MEMPHIS, TENNESSEE

DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
CAUSE OF DEATH \_\_\_\_\_  
MANNER OF DEATH \_\_\_\_\_  
SEX \_\_\_\_\_  
AGE \_\_\_\_\_  
RACE \_\_\_\_\_  
EDUCATION \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
MARRIAGE \_\_\_\_\_  
RELIGION \_\_\_\_\_  
MILITARY SERVICE \_\_\_\_\_  
MILITARY SERVICE NUMBER \_\_\_\_\_  
MILITARY SERVICE BRANCH \_\_\_\_\_  
MILITARY SERVICE GRADE \_\_\_\_\_  
MILITARY SERVICE DATES \_\_\_\_\_  
MILITARY SERVICE STATUS \_\_\_\_\_  
MILITARY SERVICE TYPE \_\_\_\_\_  
MILITARY SERVICE NUMBER \_\_\_\_\_  
MILITARY SERVICE BRANCH \_\_\_\_\_  
MILITARY SERVICE GRADE \_\_\_\_\_  
MILITARY SERVICE DATES \_\_\_\_\_  
MILITARY SERVICE STATUS \_\_\_\_\_  
MILITARY SERVICE TYPE \_\_\_\_\_

**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,  
as by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack T. Moore

Licensed Embalmer No. 4229

P. O. Address Trumble, Miss.

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.