

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30084

State File No.

3701

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township) <u>48</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>808 Euwing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>808 Euwing</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NATHAN</u>	b. (Middle) <u>GIBSON</u>	c. (Last) <u>BARNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 21 1964</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u>8</u> Min. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Clifton Hill Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Aberham Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eula Sellers</u>	ADDRESS <u>808 Euwing</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>with myocardosis 2 years</u>		DUE TO (c) <u>Hypertensive heart disease and</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterial sclerosis Years</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-26, 1945, to 8-29, 1949, that I last saw the deceased alive on 8-25, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. C. Mc Hale</u> (Degree or title)	23b. ADDRESS <u>4620 Indes Ave KC Mo</u>	23c. DATE SIGNED <u>8-29-49</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>burial</u>	24b. DATE <u>Aug 31 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Clifton Hills Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-29-49</u>	REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Keith</u>	ADDRESS <u>6606 Indes Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address H.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 this body is not embalmed, fact should be so stated above.