

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20042**

Registrar's No. **2477**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2477</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5018 Wells Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5018 Wells Drive</u>			
3. NAME OF DECEASED (Type or Print) <u>James Warner Barry Sr.</u>			4. DATE OF DEATH <u>June 9, 1951</u>			5. SEX <u>Male</u>	
a. (First)		b. (Middle)		c. (Last)		6. DATE OF BIRTH <u>May 26, 1887</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift and Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Barry</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Williamson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mabel 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>510-074801</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mabel Barry, Kansas City, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Cerebellar Hemorrhage</u> <u>Cerebral Arterio Sclerosis</u> DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Broncho Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>20 yrs</u> <u>20 yrs</u> <u>23 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>26</u> , to <u>6/9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/8</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. J. O'Connell</u>				23b. ADDRESS <u>M. D. 327 Argyle Bldg. K.E. Mo</u>		23c. DATE SIGNED <u>6/9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-10-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME, KANSAS CITY, KANSAS</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Mary L. Gates

Signed.....

Student Embalmer

Licensed Embalmer No. *245*

P. O. Address *Kansas City, 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.