

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **13220**
1873
Registrar's No.

FILED MAY 3 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			c. LENGTH OF STAY (in this place) 70 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			3728		
d. FULL NAME OF HOSPITAL OR INSTITUTION 827 W. 54TH. ST.				d. STREET ADDRESS (If rural, give location) 827 W. 54TH. ST.					
3. NAME OF DECEASED (Type or Print) a. (First) PEARLE		b. (Middle) BARNES		c. (Last) ZELLERS		4. DATE OF DEATH (Month) (Day) (Year) 4 - 21 - 52			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED 2		8. DATE OF BIRTH Mar. 11, 1876		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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		11. BIRTHPLACE (City and State or Foreign Country) OHIO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME NATHANIEL BARNES			13b. MOTHER'S MAIDEN NAME ANNE SMITH			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME JOHN H. LUCAS - 827 W. 54 TH. ST.				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - not known DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 days 331 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>4/16, 1952</u> to <u>4/21, 1952</u> , that I last saw the deceased alive on <u>4/21, 1952</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE J. Farnsworth M.D. (Degree or title)				23b. ADDRESS 1103 Grand Ave Mo			23c. DATE SIGNED 4/22/52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-23-52		24c. NAME OF CEMETERY OR CREMATORY QUINDARO CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS			
DATE REC'D BY LOCAL REG. 4-23-52		REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE		ADDRESS KANSAS CITY, MO.		

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

Mr. J. J. J.
Fairmount
Doyle 12507

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 J. A. Walton

Licensed Embalmer No. 2744

P. O. Address: K. C. MD

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.