

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31486

State File No.

3983

FILED SEP 20 1952

| | | | | | | | |
|--|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3983</u> | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u> | | c. LENGTH OF STAY (In this place) <u>30 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1623 Central</u> | | | | d. STREET ADDRESS <u>1623</u> <u>1610 Central</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | b. (Middle) <u>Cleveland</u> | | c. (Last) <u>Barnett</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 9 1884</u> | | 9. AGE (In years last birthday) <u>67</u> if UNDER 1 YEAR if UNDER 10 Hrs. if UNDER 24 Hrs. <u>3 2 8 0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Barnett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace Barnett</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Barnett- 1623 Central K.C. Mo.</u> | | | |
| 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) <u>Carcinoma of biliary tract (ampulla of Vater)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>155</u> | |
| 19a. DATE OF OPERATION <u>July 1, 1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Common duct obstruction due to carcinoma of ampulla</u> | | | | 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) m. | | 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>6/15</u> , 19 <u>52</u> , to <u>Sept 8</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Sept 6</u> , 19 <u>52</u> , and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Donald J. Smith</u> (Degree or title) <u>M.D. MD</u> | | | | 23b. ADDRESS <u>8023 Santa Fe Dr. Overland Park</u> | | 23c. DATE SIGNED <u>9/9/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 10 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-9-52</u> | | REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster, 918 Brooklyn Kas. C. Mo.</u> | | | |

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

Dr. Donald Smith

Me. 4393

~~822 State Drive~~

1002 Angula

1305 P.M.

Swadlow

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 _____

Dean Owens

Licensed Embalmer No. 4280

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 this body is not embalmed, fact should be so stated above.