

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15731

No. 300

10.48

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| BIRTH NO. <u>4105 22056-54</u> | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>1823</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>Life</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>Trinity Lutheran Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>44 19 East 29</u> <u>3448 0</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> | | b. (Middle) <u>boy</u> | | c. (Last) <u>Barbour</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 54</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>4-19-54</u> | 9. AGE (In years last birthday) <u>1</u> <u>38</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>38</u> IF UNDER 11 MRS. Hours <u>1</u> Min. <u>38</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>Claude Beverly Barbour</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helen Marie Jackson</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Claude Barbour 19 East 29 K.C.Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PREMATURE</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7761</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>4-19 1954</u> , to <u>4-19 1954</u> , that I last saw the deceased alive on <u>4-19 1954</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>John M. Powers MD</u> (Degree or title) | | 23b. ADDRESS <u>3304 Luewood</u> | | 23c. DATE SIGNED <u>4/22/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Trinity Lutheran Cemetery</u> | | 24b. DATE <u>4-23-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Hosp. N.C.Mo.</u> |
| 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Trinity Lutheran Hosp. N.C.Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-23-54</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Trinity Lutheran Hosp. N.C.Mo.</u> |

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.