

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15733**
1995

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 83 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			
e. STREET ADDRESS (If rural, give location) 774804 JEFFERSON STREET 3728 0			

3. NAME OF DECEASED (Type or Print) a. (First) ALTA b. (Middle) MAY F. c. (Last) BARRONS		4. DATE OF DEATH (Month) (Day) (Year) MAY 2, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 21, 1871
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE-AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME JAMES A. FRANK		13b. MOTHER'S MAIDEN NAME MARGARET CLERNOUS		14. NAME OF HUSBAND OR WIFE MARTIN J. BARRONS (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. EDNA Y. CUNNINGHAM - MERRIAM, MOBILE	

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) Acute left ventricular failure		INTERVAL BETWEEN ONSET AND DEATH minutes	
ANTECEDENT CAUSES		DUE TO (b) Cerebral hemorrhage			
DUE TO (c) Fracture of neck of right femur				4-14-54	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4804 Jefferson Jackson MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-14-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell in home and fractured neck of right femur.	

22. I hereby certify that I attended the deceased from **9-10-46** 19**46**, to **5-2-** 19**54**, that I last saw the deceased alive on **5-2-** 19**54**, and that death occurred at **6:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Ketcham (Degree or title) MD		23b. ADDRESS 1048 Waldheim Bldg., K.C., Mo.		23c. DATE SIGNED 5-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 4, 1954		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. H. Newcomer's Sons - KANSAS CITY, MISSOURI		DATE REC'D BY LOCAL REG. 5-4-54	
REGISTRAR'S SIGNATURE Geraldine Smith					

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.....
Signature of Student Embalmer

Signed *Robert A. Boyer*

Licensed Embalmer No. *489*

P. O. Address *KC 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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