

FILED JUL 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 2967 Registrar's No. 2967

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 18 yrs.

c. CITY OR TOWN Kansas City d. Residence within limits of a city or incorporated town? Yes [X] No []

d. FULL NAME OF HOSPITAL OR INSTITUTION 8317 Locust

e. STREET ADDRESS (If rural, give location) 1007 Romany Road 3858

3. NAME OF DECEASED a. (First) FRANK b. (Middle) ANGELINE c. (Last) BARTON 4. DATE OF DEATH (Month) (Day) (Year) June 30 54

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 16, 1891

9. AGE (In years last birthday) 62 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) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank F. Lewis

13b. MOTHER'S MAIDEN NAME Daisy Blossom

14. NAME OF HUSBAND OR WIFE Jesse B. Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 495-24-7034

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold Kuhn, 1007 Romany Rd., K.C., Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Recovering from Gall bladder operation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 yrs 4 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 43-01

20. AUTOPSY? YES [] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ho

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 [] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1925 to June 30, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 13:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edw. H. Heshinger (Name of title) MD

23b. ADDRESS Kansas City, Mo.

23c. DATE SIGNED 6/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 6-7-1-54

24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 6-30-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

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

In Care of H. Washington

Exp 3:20 am

5106 Cherry at 1:00 PM

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 *L. S. Walton*.....

Licensed Embalmer No. *378*

P. O. Address *P. C. 1*

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.