

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_1. PLACE OF DEATH  
a. COUNTY Clay2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Clayb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Northc. LENGTH OF STAY (In this place) 2 yrs.c. CITY OR TOWN Kansas City Northd. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION 4509 Charlotte Streete. STREET ADDRESS (If rural, give location) 1010 4509 Charlotte Street 50683. NAME OF DECEASED  
a. (First) Mr. William b. (Middle) Frederick c. (Last) Barber4. DATE OF DEATH (Month) (Day) (Year) Sept 4, 19545. SEX Male6. COLOR OR RACE White7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married8. DATE OF BIRTH October9. AGE (In years last birthday) 65

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) Dart Truck Co.10b. KIND OF BUSINESS OR INDUSTRY TRUCKING11. BIRTHPLACE (City and State or Foreign Country) Liscolm, Iowa12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME Frederick Barber13b. MOTHER'S MAIDEN NAME EMMA Yale14. NAME OF HUSBAND OR WIFE EMMA Barber15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO16. SOCIAL SECURITY NO. 486-05-117117. INFORMANT'S SIGNATURE OR NAME ADDRESS CLIFFORD F. BARBER K.C. MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

\*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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO 

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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Pate M.D. Surgeon (Degree or title)23b. ADDRESS North Kansas City Mo23c. DATE SIGNED 9/4/5424a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL24b. DATE SEPT. 7, 195424c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM.24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURIDATE REC'D BY LOCAL REG. 9-5-54REGISTRAR'S SIGNATURE Neiva Minshall25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackburn & Son K.C. Mo

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 *W.C. Reine*

Licensed Embalmer No. *48*

P. O. Address *1507*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.