

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 16 1955 STANDARD CERTIFICATE OF DEATH

11773

State File No.

1778

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

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 town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5.5 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Westport Nursing Home</u>			e. STREET ADDRESS (If rural, give location) <u>5642 Harrison</u>		
3. NAME OF DECEASED a. (First) <u>LURA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BARNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 6, 1867</u>		9. AGE (In years last birthday) <u>88</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Burke</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Rader</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Barnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknowns) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thomas J. Lynden 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>cerebral hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Renal stone</u>				<u>year</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5 year</u>
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)		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>Feb 19 54</u> to <u>Apr 20 19 55</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Apr 20 19 55</u> , and that death occurred at <u>12 58 PM</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. R. Jackson</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1107 Bryant Bldg</u>		23c. DATE SIGNED <u>4/22/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>4/24/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-22-55</u>	REGISTRAR'S SIGNATURE <u>Wm. Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Blackburn & Son K.C. Mo</u>		

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

8760

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 *Bert B. Bennett*

Licensed Embalmer No. *468*

P. O. Address *Kansas*

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.