

FILED DEC 28 1955  
75-654-55

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40399**  
Registrar's No. **5150**

BIRTH NO. **13362** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>SACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>55 min.</b>	c. CITY OR TOWN <b>OVERLAND PARK</b>	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 <b>ST. LUKE'S HOSPITAL</b>		f. STREET ADDRESS (If rural, give location) <b>8023 GRANDVIEW LANE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b> b. (Middle) c. (Last) <b>BARCOCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 26, 1955</b>
5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE 6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEW BORN</b>
8. DATE OF BIRTH <b>OCTOBER 26, 1955</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>LESTER BARCOCK</b>	13b. MOTHER'S MAIDEN NAME <b>MARIE SPENCER</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E. Danahy K.C. Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</b>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL AGENESIS AND OTHER ANOMALIES</b> ANTECEDENT CAUSES (b) <b>DUO TO NONE</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <b>7531</b>
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 **October 26, 1955, to October 26, 1955**, that I last saw the deceased alive on **October 26, 1955**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23. SIGNATURE <b>J. Milton Singleton, M.D.</b>	23b. ADDRESS <b>K.C., Mo.</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Nov. 10-26-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Luke's Hosp. Kansas City Mo.</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Luke's Hosp. K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-28-55</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	

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

*7-5-19  
L. S. ...*

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

*not embalmed -  
remains at hospital,  
Signed: [Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.