

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1272

66

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 001 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. LENGTH OF STAY (in this place) 45 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			e. STREET ADDRESS 4335 (If rural, give location) 2233 S. JEFFERSON STREET		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) E.	c. (Last) BARRACLOUGH, JR.	4. DATE OF DEATH (Month) (Day) (Year) January 6, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 31, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone worker	10b. KIND OF BUSINESS OR INDUSTRY Installation	11. BIRTHPLACE (City and State or Foreign Country) Burlingame, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lawrence G. Barraclough		13b. MOTHER'S MAIDEN NAME Sadie O'Connor		14. NAME OF HUSBAND OR WIFE Mrs. MINDA BARRACLOUGH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 55003-2515	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion and edema		
			INTERVAL BETWEEN ONSET AND DEATH		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, L.U.L.		
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) VA	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 Dec. 7, 1955 , to January 6, 1956 , XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX and that death occurred at 7:20 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) EUGENE HWA M.D.			23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 1/6/56
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN-9-1956	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH KANSAS		
DATE REC'D BY LOCAL REG. 1-7-56		REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Wm. DeWormer Jones	ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Basil V. Abney*

Licensed Embalmer No. *4*

P. O. Address *KC*

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.