

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **22591**  
REGISTRAR'S NO. **2705**

FILED JUL 18 1956

Registration District No. **149** Primary Registration District No. **7002**

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

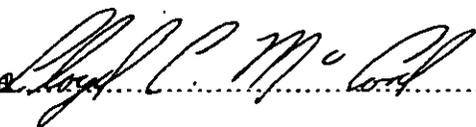
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City 3638</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Josephs Hosp.</b>   |                                  | Length of stay in lb<br><b>5 Days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>4502 Garfield</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Richard</b> Middle <b>Dean</b> Last <b>Barrett</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>26</b> Year <b>1956</b>   |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>    | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>21 June 1956</b>  |   | 9. AGE (In years last birthday)<br>IF UNDER 1 YEAR: Months <b>5</b><br>IF UNDER 24 HRS.: Days <b>5</b> Hours <b>0</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Child</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Missouri.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |
| 13. FATHER'S NAME<br><b>Lee O. Barrett</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Rheba Crawford</b>  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  | 17. INFORMANT Address<br><b>L. O. Barrett 4502 Garfield, K.C. Mo.</b>  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Prematurity</b>   |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                          |
| DUE TO (b) <b>Premature onset of labor of mother</b>  |                                  |   |  |   |  |
| DUE TO (c) <b>atelectasis</b>   |                                  |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |  |   |  |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |   |  |
| 20c. TIME OF INJURY<br>Hour <b>6:00</b> Month <b>June</b> Day <b>21</b> Year <b>1956</b><br>a. m. <b>p. m.</b>  |                                  |   |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE         |  |
| 21. I attended the deceased from <b>June 21, 1956</b> to <b>June 26, 1956</b> and last saw <del>him</del> <b>him</b> alive on <b>June 26, 1956</b><br>Death occurred at <b>6:00 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |
| 22a. SIGNATURE<br><b>Jay J. Carduff</b>   |                                  | 22b. ADDRESS<br><b>1220 E. 31st St., K.C. Mo.</b>   |  | 22c. DATE SIGNED<br><b>June 27, 1956</b>          |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>28 June 56</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Floral Hills</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Floral Hills Memorial Chapels K.C. Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-27-56</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b> |  |

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 .....

Licensed Embalmer No. 485

P. O. Address 71 C. 1

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