

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28440
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 74

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, give TOWNSHIP only) RURAL WASHINGTON TWP. KANSAS CITY		c. CITY OR TOWN KANSAS CITY MO.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 616 PORTE CIMA PAS		d. STREET ADDRESS (If outside, give location) 616 PORTE CIMA PAS	
Length of stay in 1b 50 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DANIEL Middle GALE Last BARSTOW			4. DATE OF DEATH Month AUGUST Day 28 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT-28-1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 21 YRS - SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY ARMS & AMMUNITION		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME CHARLES W. BARSTOW		13b. MOTHER'S MAIDEN NAME ELLA GALE		14. NAME OF HUSBAND OR WIFE MRS. ALTHEA W. BARSTOW			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. ALTHEA W. BARSTOW Address 616 PORTE CIMA PAS KANSAS CITY MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 8-20-57	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis -		8/19/1956	
DUE TO (c) Coronary Disease		8/19/56	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not referred to the terminal disease condition given in PART I (a) Diabetes		4 201	

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 Hour 11:00 Month 8 Day 28 Year 1957 a.m. p.m.						

20d. INJURY OCCURRED 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	
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21. I attended the deceased from **8/28/56** to **8/28/57** and last saw her alive on **8/28/57**
Death occurred at **8/28/57** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. B. Asher M.D.		22b. ADDRESS 1103 Grand		22c. DATE SIGNED 8/28/57	
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE AUG-31-1957		23c. NAME OF CEMETERY OR CREMATORY D.W. NEW COMERS SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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24. FUNERAL DIRECTOR D.W. NEW COMERS SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 8-31-57		26. REGISTRAR'S SIGNATURE Stirling E. Goodard	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 15 1958

OCT 30 1959

9-6-67

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 *Chester K Brown*

Licensed Embalmer No. *4931*
P.O. Address *Keokuk*

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.