

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40194  
STATE FILE NUMBER 5334

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>702 Holmes East Kmo</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>702 Holmes</i>
3. NAME OF DECEASED (Type or print) <i>Ross BARNETT</i>		First Middle Last	4. DATE OF DEATH Month Day Year <i>11-12-57</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 97. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>unknown</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>unknown</i>	11. BIRTHPLACE (City and state or country) <i>unknown</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		9. AGE (In years last birthday) <i>64</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>unknown</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Specify war or date of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>500-07-2551</i>	17. INFORMANT address <i>Jackson County Mo Coover</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4200</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. Owens</i>		(Degree or title) <i>Queen Coroner</i>	22b. ADDRESS <i>1034 Palto Blvd</i>
22c. DATE SIGNED <i>11-12-57</i>			
23a. BURIAL, CREMATION, or other disposal (Specify) <i>burial</i>	23b. DATE <i>11-14-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>McCabeys Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
24. FUNERAL DIRECTOR <i>H. Tugman</i>		ADDRESS <i>14 E 7th</i>	25. DATE RECD. BY LOCAL REG. <i>11-13-57</i>
		26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens



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 *J. L. Roy Mooney* .....

Licensed Embalmer No. *4726* .....

P. O. Address *K.C. Mooney* .....

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.