

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005352
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1033

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
B. I. BIRTS

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) 66 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1		e. STREET ADDRESS (If rural, give location) 3833 Wabash	
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) B. c. (Last) Barnett		4. DATE OF DEATH (Month) (Day) (Year) 2 24 1958	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18, 1875
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Kearney, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY XX	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benton Gosney		13b. MOTHER'S MAIDEN NAME Alice Stout	14. NAME OF HUSBAND OR WIFE Richard S. Barnett
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'S SIGNATURE OR NAME ADDRESS Mrs. Frank Gosney, 308 E. 34th, KC 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) (Min.)	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 Feb. 16 , 19 58 , to Feb. 24 , 19 58 , that I last saw the deceased alive on Feb. 24 , 19 58 , and that death occurred at 9:20 P. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. S. Burns, M.D.		23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 2-25-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-58	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	24d. LOCATION (City, town, or county) (State) Kansas City Mo
DATE REC'D BY LOCAL REG. 2-26-58	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, K C Mo	



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 *Thomas A. Killen*

Licensed Embalmer No. *199*

P. O. Address *H. O. Killen*

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.