

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039809

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 5164

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) OR TOWN Kansas City, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland N.H. 512		Length of stay in 1b Woodland. 4 mo.	d. STREET ADDRESS (If outside, give location) 10613 E 15 Indigo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) George			4. DATE OF DEATH Month Day Year Oct 30 1958		
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH July 4 1881		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Boone Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James L Barnes		13b. MOTHER'S MAIDEN NAME Martha Jane Forthing	
14. NAME OF HUSBAND OR WIFE Maude Keele Twyman		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. 495-05-9567	
17. INFORMANT Harold Barnes -Norton home R-ecords 10613 E. 15th.		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>Bronchopneumonia</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Parkinsonism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 Death occurred at <i>July 19 57</i> to <i>10-30-58</i> and last saw ^{her} him alive on <i>10-22-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Harry K. Cohen</i> (Deputy title)		22b. ADDRESS <i>757 E. 63rd St</i>	
22c. DATE SIGNED <i>10-31-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>RIFORDVILLE</i>		23b. DATE <i>11-2-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>		23d. LOCATION (City, town, or county) <i>Windsor, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Houston Funeral Home</i>		ADDRESS <i>Windsor Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-1-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>					

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



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, ~~city~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jack A. Moore*

Licensed Embalmer No. *4729*

P. O. Address *Kansas City*

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.