

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009271  
STATE FILE NUMBER

APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1497

300  
-57  
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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) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warwick Nursing Home 4401 Warwick</i>			Length of stay in lb <i>5 3 years</i>	d. STREET ADDRESS (If outside, give location) <i>2905 Wabash</i>	
3. NAME OF DECEASED (Type or print) First <i>SARAH</i> Middle <i>F</i> Last <i>BARBOUR</i>			4. DATE OF DEATH Month <i>March</i> Day <i>21</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 31, 1883</i>		9. AGE (In years last birthday) <i>75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nursekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>George T Barbour</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Allison</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Narry Barbour - 7601 Wabash K.C. Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per time (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Enlarged Arteriosclerosis</i>	DUE TO (c) <i>Cardiac Decompensation</i>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <i>Cerebral Apoplexy Severe Oct 1, 1955</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 <i>Oct 1, 1955</i> to <i>Mar 21, 1959</i> and last saw her alive on <i>Mar 19, 1959</i> . Death occurred at <i>3:10</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>F. E. Pearson, M.D.</i>			22b. ADDRESS <i>1025 Reath Bldg, K.C. Mo</i>		22c. DATE SIGNED <i>3/21/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>March 23, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>	
24. FUNERAL DIRECTOR <i>Nilko Funeral Home 2315 Penwood</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>3-23-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P. E. Pearson

All diseases in Part I must be causally related.

*Dr. Pearson*

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 *Chas E Wilby* .....

Licensed Embalmer No. *2644* .....  
P. O. Address *14 E 3rd* .....

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.