

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009273

STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1117

Health,
Welfare
Public
Service

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. W. Greene
All diseases in Part I must be causally related.

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, Mo.		Inside Limits Yes <input checked="" 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 St. Luke's Hospital		Length of stay in 1b <i>unk</i>	d. STREET ADDRESS (If outside, give location) 1007 W. 65th Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Vivian Barnes			4. DATE OF DEATH Month Day Year Feb. 28, 1959
5. SEX Female	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 Nov. 26, 1908
9. AGE (In years birthday) 50	10. FINDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Paris, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Principal		10b. KIND OF BUSINESS OR INDUSTRY Teacher	13a. FATHER'S NAME C. Roy Noel
13b. MOTHER'S MAIDEN NAME Saida Ragsdale		14. NAME OF HUSBAND OR WIFE W. Wayne Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT W. Wayne Barnes Address 1007 W. 65th, K.C., 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) Intestinal obstruction			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Abdominal carcinomatosis			3 months
DUE TO (c) Carcinoma of sigmoid			15 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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
21. I attended the deceased from 2-1-59 to 2-28-59 and last saw her alive on 2-28-59 Death occurred at 11:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. W. Greene</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS 4620 J.C. Nichols Pkwy,	22c. DATE SIGNED 3-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove	23d. LOCATION (City, town, or county) (State) Paris, Missouri
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 3-2-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

See 1-183
Embalm 2 v 5

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 *Eugene L. ...*

Licensed Embalmer No. *4633*
P. O. Address *R.C. ...*

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.