IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 8 1960

60-010781

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 1504

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Ib 8 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION 101 West 39th. Apt.512 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 101 West 39th.Apt.512 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle HOWARD Last BARBER
4. DATE OF DEATH Month 3 Day 13 Year 60
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 6-4-01
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Railway Express
11. BIRTHPLACE (City and state or country) Coalville,Utah
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph H. Barber Sr.
13b. MOTHER'S MAIDEN NAME Lovina Ethel Beard
14. NAME OF HUSBAND OR WIFE Florence Hall Barber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. "unknown"
17. INFORMANT Winston B. Barber — Address 1048 Morse Evanston, Wyo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) undetermined

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Colon Extension into Prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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.

BY AFFIDAVIT OF

22a. SIGNATURE Hugh K. Owens (Degree or title) Chief of Jackson County Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 3-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-14-60
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Evanston,Wyoming

24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S)K.C.,MO. — ADDRESS
25. DATE RECD. BY LOCAL REG. 3-14-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed B. E. Weitert

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.