

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008634

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 946

STATE FILE NUMBER

AMENDED

DATE AMENDED

3-7-61

INSTEAD OF

2-24-61

UNIVERSITY OF K. C.

23b &c

Feb. 27, 1961. Lincoln

DOCUMENT

BY AFFIDAVIT OF Funeral Home

MEDICAL CERTIFICATION

P. Mc Donald

FILED MAR 17 1961

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>10 Yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Kings Nursing Home</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1020 Park</b>      |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Naomi</b> Middle <b>Barker</b> Last <b>Barker</b>   |   |   | 4. DATE OF DEATH<br>Month <b>2</b> Day <b>19</b> Year <b>61</b>  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Unknown</b>   | 9. AGE (last birthday)<br><b>62</b>                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Terra Haute, Ind.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Charles Fitzpatrick</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Effie Porter</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Viola Hilridge 1020 Park</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Nephrosclerosis</b><br>DUE TO (b) <b>Chronic Nephritis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |   |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |   |  |  |   |
| 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 <b>February 13, 1961</b> to <b>February 20, 1961</b> and last saw her alive on <b>Feb. 13, 1961</b><br>Death occurred at <b>12:35p</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>P. Mc Donald M.D.</b>  |   |   | 22b. ADDRESS<br><b>2604 Prospect Avenue</b>  |  | 22c. DATE SIGNED<br><b>2/20/61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>2-21-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln Cemetery University of K. C.</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Jones &amp; Stevens</b>  |   | ADDRESS<br><b>2315 Linwood</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>2-23-61</b>                         | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |

**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

*Lawrence A. Jones*

Licensed Embalmer No. \_\_\_\_\_

*4420*

P. O. Address \_\_\_\_\_

*2315 Senior*

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.