

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030835

STATE FILE NUMBER

Registration District No. 349 Primary Registration District No. 1002 Registrar's No. 4409

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962	
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	Length of stay in lb 35 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing Home	d. STREET ADDRESS (If outside, give location) 4609 Gladstone Blvd.
3. NAME OF DECEASED First NORAH Middle ELLEN Last BARNES	
4. DATE OF DEATH Month August Day 25 Year 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/8/1881
9. AGE (last birthday) 81	IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Linn Creek Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W T Newell	13b. MOTHER'S MAIDEN NAME Viola Huckbee
14. NAME OF HUSBAND OR WIFE Ward B Bryan Bridge City Texas	
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. None
17. INFORMANT Ward B Bryan Bridge City Texas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Congestive Heart Failure
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	acute cystitis
DUE TO (b)	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 11:00 a.m. 11:00 p.m.	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 Oct. 30, 1960 to Aug. 25, 1962 and last saw her/him alive on Aug. 21, 1962 Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Glenn W. Springer	(Degree or title) D.O.
22b. ADDRESS 3902 St. John Ave. Kansas City, Mo.	22c. DATE SIGNED 8-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/62
23c. NAME OF CEMETERY OR CREMATORY Mecklin Cemetery	23d. LOCATION (City, town, or county) (State) Oak Grove Mo
24. FUNERAL DIRECTOR Shell Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 8-27-62
26. REGISTRAR'S SIGNATURE Oruth Long	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Glenn W. Springer** MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

5902 Alston.

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

Thomas A. Smith

Licensed Embalmer No. 4954

P. O. Address K. C. M.

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.