

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024159

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3416

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 5 1963

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 20 yrs.

c. CITY OR TOWN KANSAS CITY Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3419 Broadway Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JIMMIE Middle Last BARNES

4. DATE OF DEATH Month June Day 15 Year 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-4-1904 9. AGE (last birthday) 58 yrs. 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) Porter 10b. KIND OF BUSINESS OR INDUSTRY Tempton Grill 11. BIRTHPLACE (City and state or country) Woodruff County, Ark/ USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ed Barnes 13b. MOTHER'S MAIDEN NAME Alice Hill 14. NAME OF HUSBAND OR WIFE -

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. [REDACTED] 17. INFORMANT Isiah Barnes Address 3419 Broadway Relationship Brother

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure
DUE TO (b) Myocardial Infarction
DUE TO (c) Hypertensive Cardio Vascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Month, Day, Year a.m. p.m.

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 April 9, 1963 to June 15, 1963 her and last saw him alive on June 15, 1963
Death occurred at 3:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George H. Raft, M.D. 22b. ADDRESS 2202 1/2 E. 18th St. KCMO 22c. DATE SIGNED 6-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-21, 1963 23c. NAME OF CEMETERY OR CREMATORY Highland 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton 25. DATE RECD. BY LOCAL REG. 6-18-63 26. REGISTRAR'S SIGNATURE Ruth N. Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 Bruce F. Watkins

Licensed Embalmer No. 4500

P. O. Address 1870 + Benton

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.