

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-011852

STATE FILE NUMBER

INDEXED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MONITEAU				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 CALIFORNIA		Length of stay in 1b 5 MONTHS		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 LATHAM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) PRESIDENT HOTEL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ELZINA Middle MAYE Last BARNES				4. DATE OF DEATH Month MARCH Day 10 , Year 1960						
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 1-25-1898		9. AGE (last birthday) 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEAUTICIAN		10b. KIND OF BUSINESS OR INDUSTRY OWN BEAUTY SHOP		11. BIRTHPLACE (City and state or country) CALIFORNIA, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME JAMES HUME			13b. MOTHER'S MAIDEN NAME SADIE PENNINGTON			14. NAME OF HUSBAND OR WIFE KEITH BARNES				
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. 496-03-2646		17. INFORMANT Address MRS. WANDA KIRCHOFF, CALIFORNIA, 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) GENERALIZED CARCINOMA DUE TO (b) CARCINOMA OF BREAST DUE TO (c) CARCINOMA OF BREAST Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 6 mos. 34 YEARS		
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 a.m. 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 JANUARY 1960 to MARCH 10, 1960 and last saw her alive on MARCH 10, 1960 Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Leon M. Saccaghe (Degree or title)				22b. ADDRESS California, Mo.				22c. DATE SIGNED 3-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-12-1960		23c. NAME OF CEMETERY OR CREMATORY FLAG SPRING CEM.		23d. LOCATION (City, town, or county) (State) MONITEAU CO., Mo.				
24. FUNERAL DIRECTOR HUGH WILLIAMS, CALIFORNIA, Mo.				25. DATE RECD. BY LOCAL REG. 3/12/60		26. REGISTRAR'S SIGNATURE Allen L. Popejoy				

(Licensed Embalmer's Statement on Reverse Side)

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

Russell C. Mac

Licensed Embalmer No. *4804*

P. O. Address *California*

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