

KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH
AUG 6 - 1958

4200 (DO NOT WRITE IN THIS SPACE)

'58 011403

Dist. No. **WTY** Registrar's No. **1518**

1. PLACE OF DEATH
a. County **Sedgwick** **0872**
b. City, Town, or Location **Wichita**
c. Length of Stay in 1b **1 day**
d. Name of Hospital or Institution (If not in hospital, give street address) **Veterans Administration Center**
e. Is Place of Death Inside City Limits? Yes No

2. Usual Residence (Where deceased lived. If institution, residence before admission)
a. State **Kansas** b. County **Sedgwick**
c. City, Town, or Location **Wichita** **0872**
d. Street Address **3425 N. Edwards**

3. NAME OF DECEASED (Type or Print)
First Middle Last
2 231 589 **VIRGIL** **J** **BARNES**

4. DATE OF DEATH
Month Day Year
7 **24** **58**

5. SEX **M** 6. Color or Race **W** 7. Married Never Married
Widowed Divorced 8. Date of Birth **3-5-97** 9. Age (In years last birthday) **61**

10a. Usual Occupation (Give kind of work done 10b. Kind of Business or Industry during most of working life, even if retired)
Artist

11. Birthplace (State or foreign country) **Ontario, Kansas** 12. Citizen of What Country? **USA**

13. FATHER'S NAME **Luther C. Barnes** 14. MOTHER'S MAIDEN NAME **Sara Eva Bailey**

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes No 16. Social Security No. **5140118199** 17. Informant **Files of the Veterans Administration** Address

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 coronary occlusion** Interval Between Onset and Death **Few hours**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last } Due to (b) **Arterio sclerotic heart disease** **Unknown**
Due to (c) _____

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a): 19. Was Autopsy Performed? **4200** 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 (Month) (Day) (Year) (Hour) 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 **Wichita** County **Sedgwick** State **Kans**

21. I hereby certify that I attended the deceased from **July 24th** 19 **58** to **July 24** 19 **58** **Death** occurred at **10:15 PM** from the causes and on the date stated above.

22a. **David Givner** (Degree or title) 22b. Address **Medical Service VAC, Wichita, Kansas** 22c. Date signed **7-25-58**

23a. Burial, Cremation, Removal (Specify) **Removal** 23b. Date **7-25-58** 23c. Name of Cemetery or Crematory **Padden Funeral Home** 23d. Location (City, Town, or County) (State) **Holton, Kas**

24a. Date Rec'd by Local Registrar **7-25-58** 24b. Registrar's Signature **C.C. Ellis 878** 25. Funeral Director **695-0-0** Address **Cochran Mortuary, Wichita, Kansas**

MEDICAL CERTIFICATION