

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4485

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 17

38  
0  
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> <u>38</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany, Rural - Athens Twp.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>FRanklin</u> c. (Last) <u>Barger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30-49</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20 1902</u>
9. AGE (In years last birthday) <u>46</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	if UNDER 24 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Richard Barger</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie Sexton</u>		14. NAME OF HUSBAND OR WIFE <u>Daphane Clouse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.F. Barger</u>		ADDRESS <u>Albany, Mo. R.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>paralysis of Right Side something 1 yr ago</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2347</u>	
INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 9, 1948</u> to <u>Jan 30, 1949</u> , that I last saw the deceased alive on <u>Jan 30, 1949</u> , and that death occurred at <u>9:45 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. S. Harding</u>		23b. ADDRESS <u>D.O. 2 Albany Mo.</u>	
23c. DATE SIGNED <u>Feb 2, 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carmack</u>	
24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albany Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 3-1949</u>		REGISTRAR'S SIGNATURE <u>108 Homer M. Webster</u>	

**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 ME

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard D. Burke* .....

Licensed Embalmer No. 3329 .....

P. O. Address Albany, Mo. .....

**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 this body is not embalmed, fact should be so stated above.