

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 21 1949

15037

State File No.

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 18

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Caldwell</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Caldwell</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXX</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle)	c. (Last) <u>Barron</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1860</u>	9. AGE (In years last birthday) <u>89</u>	Months <u>2</u>	Days <u>2</u>	IF UNDER 24 HRS. Hours <u>X</u>	Min. <u>X</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock raising</u>	11. BIRTHPLACE (State or foreign country) <u>County Armagh Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Irvin Barron</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moffatt</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Barron</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.N. Barron</u>	ADDRESS <u>Nettleton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>547</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious Anemia.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last.</u> DUE TO (b) <u>Multiple fractures Legs.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Chronic Myocarditis.</u>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>3400</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept., 1946, to May 3, 1949, that I last saw the deceased alive on May 2, 1949 and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Deery</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hamilton, Mo.</u>	23c. DATE SIGNED <u>5/4/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 12/49</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce</u>	ADDRESS <u>Funeral Home Hamilton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUN 17 1949
6761 8 2 1049
JUL 28 1949

DEC 23 1949

JUN 20 1949

AUG 12 1949

6761 1 1 1949

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
Student Embalmer

Signed *R. J. Brown*

Licensed Embalmer No. *3052*

P. O. Address *Sanilton*

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.