

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19024**

FILED JUL 12 1949

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5338		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Polk Twp.		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Polk Twp.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION #1 - EVERTON, Mo				d. STREET ADDRESS (If rural, give location) #1 - EVERTON, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) William		c. (Last) BARR		4. DATE OF DEATH (Month) (Day) (Year) June 30 - '49	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 30 - 1887	
9. AGE (in years last birthday) 61		10. MONTHS 7		11. DAYS 0		12. IF UNDER 14 HRS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMING			
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHARLEY BARR		13b. MOTHER'S MAIDEN NAME JANE MECKER		14. NAME OF HUSBAND OR WIFE DELLA GRABIN BARR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME MRS. DELLA BARR, EVERTON, Mo #1			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dilation with asphyxia Heart ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ordema				INTERVAL BETWEEN ONSET AND DEATH 29 AX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) Polk Twp. Dade Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 27 , 1949, to June 30 , 1949, that I last saw the deceased alive on June 27 , 1949, and that death occurred at 4:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE B. B. Kirby M.D.				23b. ADDRESS Dadeville Mo		23c. DATE SIGNED July 2, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 2, 1949		24c. NAME OF CEMETERY OR CREMATORY HULSTON CEMETERY		24d. LOCATION (City, town, or county) (State) Dade County, Mo.	
DATE REC'D BY LOCAL REG. 7-8-49		REGISTRAR'S SIGNATURE Geo. R. Weir		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.			

(Licensed Embalmer's Statement (on Reverse Side))

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

29
0

RECEIVED

District Health Officer No. 6,

District File Number 749-811

Date Filed 7-11-49

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.

Signed.....
Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.