

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

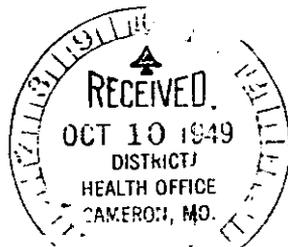
State File No. 30978

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BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Rural Parson Creek Twp.	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 3 miles SW of Meadville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) Matthew c. (Last) Barger			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1887
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Meadville, Missouri
12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Henry C. Barger		13b. MOTHER'S MAIDEN NAME Mary A. Laffer	14. NAME OF HUSBAND OR WIFE Ruby M. Warren
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. S. M. Barger; Meadville, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) m.		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 Sept 24, 1949, to Sept 27, 1949, that I last saw the deceased alive on Sept. 27, 1949, and that death occurred at 2-P m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph A. Conrad M.D. (Degree or title)		23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED Sept. 28-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-49	24c. NAME OF CEMETERY OR CREMATORY Meadville	24d. LOCATION (City, town, or county) (State) Meadville, Missouri
DATE REC'D BY LOCAL REG. Sept-28-49		REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.

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



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 *Eaton S. Norman*

Licensed Embalmer No. 4036

P. O. Address *Chillicothe, 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.