

State File No. **36121**

FILED OCT 22 1949

36121

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>6232</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Nixon</u> c. LENGTH OF STAY (In this place) <u>1</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nixon</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>BARTON</u> c. (Last) <u>BARBER</u>				4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>11</u> (Year) <u>1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>March 29 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN E. BARBER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. SLAUGHTER</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgie Barber Nixon</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>9/10/49</u>, 19____, to <u>9/10/49</u>, 19____, that I last saw the deceased alive on <u>9/10/49</u>, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers M.D.</u>				23b. ADDRESS <u>Suberville Mo.</u>		23c. DATE SIGNED <u>10/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Blaise E. Thach</u>		341		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss S. Marshall</u>	
						ADDRESS <u>Quinnville Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-18-49

District Health Officer No. 4

District File Number 1049-132

Date Filed

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

Tris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenfield

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.