

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1436

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 33

484

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence)		c. CITY (If outside corporate limits, write RURAL and give township) 407 OR TOWN Independence, 0	
c. LENGTH OF STAY (in this place) 50 mo.		d. STREET ADDRESS (If rural, give location) 827 N. Dodgion	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 827 N. Dodgion			

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Ann c. (Last) Barham			4. DATE OF DEATH (Month) (Day) (Year) DEATH Jan. 27, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 7, 1852	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Henry County, Tenn. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James C. Owen	13b. MOTHER'S MAIDEN NAME Martha Hall	14. NAME OF HUSBAND OR WIFE James T. Barham (deceased)
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. L. Barham, Independence, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal cell carcinoma of cheek		
	ANTECEDENT CAUSES Morbidity 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.		19. DATE OF OPERATION _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **10/14, 1949**, to **1/27, 1950**, that I last saw the deceased alive on **1/26, 1950**, and that death occurred at **5:30A** ~~at the home of the deceased~~ **at the date stated above.**

23a. SIGNATURE Vance G. Link, M.D. (Degree or title)	23b. ADDRESS 1st Nat'l. Bank Bldg. INDEPENDENCE, MO.	23c. DATE SIGNED 1/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Mad. Grove	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. Jan 28-1950	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.
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FEB 1 RECD

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.....

B. A. Lisle

Licensed Embalmer No. *4123*.....

P. O. Address *Independence, 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.