

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3812**

**007** FILED MAR 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **8005** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>S. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Main</b>		e. STREET ADDRESS <b>S. Main</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>W</b> c. (Last) <b>Barr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 21, 1881</b>
9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Days <b>5</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Flour Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel W. Barr</b>		13b. MOTHER'S MAIDEN NAME <b>Maru Whitson</b>	
14. NAME OF HUSBAND OR WIFE <b>Mae V Barr</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mae V Barr</b>		ADDRESS <b>Butler Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>ACUTE CORONARY OCCLUSION</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CORONARY OCCLUSION</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY THROMBOSIS</b>	
		DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS UNDET.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MITRAL REGURGITATION WITH DECOMPENSATION</b>	
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) <b>4201</b>			
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?			
22. I hereby certify that I attended the deceased from <b>SEPT</b> , 1947, to <b>FEB. 26</b> , 1950, that I last saw the deceased alive on <b>Dec. 12</b> , 1949, and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John M. Cooper</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>BUTLER, MO</b>	
23c. DATE SIGNED <b>3-1-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-28-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar-1-1950</b>		REGISTRAR'S SIGNATURE <b>Rendall Kray</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John S. Underwood</b>		ADDRESS <b>Butler, Mo.</b>	

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

RECEIVED

District Health Officer No. 71

District File Number 2-50-172

Date Filed 3-6-50

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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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Missouri

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.