

STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1950

State File No. 12556
Registrar's No. 425

BIRTH NO. 26951-50 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000

396

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

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural-S. Campbell Twp</u> | d. STREET ADDRESS (If rural, give location) <u>Route # 3 Box # 241</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>0390</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Allen</u> c. (Last) <u>Barber</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1950</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>May 2, 1950</u> | 9. AGE (In years last birthday) <u>1</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 24 HRS. Hours <u>22</u> | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | 11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Russell J. Barber</u> | 13b. MOTHER'S MAIDEN NAME <u>Marjorie Plank</u> | 14. NAME OF HUSBAND OR WIFE <u>X</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Russell J. Barber</u> | ADDRESS <u>Spfld, Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis & Pneumonia</u> 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. <u>Acute Nephritis in Mother during pr</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>46 hours</u> |
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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>maternal</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Springfield, Greene, Mo</u> |
| 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 5-2-, 1950, to 5-3-50, 19 , that I last saw the deceased alive on 5-3-50, 19 , and that death occurred at 11:30pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Paul J. Busiel</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>1635 E. Walnut Springfield, Missouri</u> | 23c. DATE SIGNED <u>5-4-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/4/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-5-50</u> | REGISTRAR'S SIGNATURE <u>W.E. Handley MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u> | ADDRESS <u>Springfield, Mo.</u> |
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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.....

Licensed Embalmer No.....

This body was not embalmed.

P. O. Address.....

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.