

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

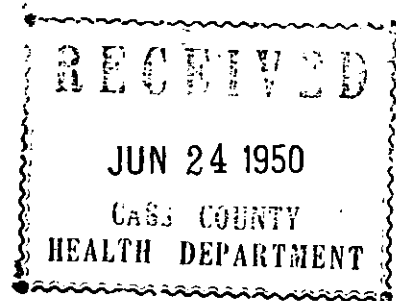
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State File No. ....

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| BIRTH NO. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | REG. DIST. NO. 59                                                                                                |  | PRIMARY REG. DIST. NO. 4099                                                                                                                                                                                                                                                                                                             |  | Registrar's No. 86                                                                              |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Cass</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo</u><br>c. LENGTH OF STAY (in this place) <u>30 yrs</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Part Of Town.</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo.</u><br>d. STREET ADDRESS (If rural, give location) <u>South East Part of Town</u> |  |                                                                                                 |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>Shellie Bartle</u> b. (Middle) <u>Barbour</u> c. (Last) <u>Barbour</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                  |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>6</u> <u>6</u> <u>50</u>                                                                                                                                                                                                                                                             |  |                                                                                                 |  |
| <b>5. SEX</b> <u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>6. COLOR OR RACE</b> <u>Colored</u>                                                                           |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>                                                                                                                                                                                                                                                             |  | <b>8. DATE OF BIRTH</b> <u>Dec. 10, 1886</u>                                                    |  |
| <b>9. AGE</b> (In years last birthday) <u>63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u> |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Bunston, Missouri</u>                                                                                                                                                                                                                                                               |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>                                             |  |
| <b>13a. FATHER'S NAME</b> <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>                                                                                                                                                                                                                                                                                         |  | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Divorced:</u>                                             |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> <u>1918</u> (If yes, give year or dates of service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                  |  | <b>16. SOCIAL SECURITY NO.</b> <u>Cant find</u>                                                                                                                                                                                                                                                                                         |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Shellie B. Barbour-Charlotte</u> <u>306</u> ADDRESS |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Sclerosis</u><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized arterio-sclerosis</u><br>DUE TO (c) <u>None</u><br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>None</u> |  |                                                                                                                  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>5 yrs</u><br><u>4 yrs 1</u>                                                                                                                                                                                                                                                               |  |                                                                                                 |  |
| <b>19a. DATE OF OPERATION</b> <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>                                                              |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                              |  |                                                                                                 |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>      |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  | <b>21f. HOW DID INJURY OCCUR?</b>                                                                                                                                                                                                                                                                                                       |  |                                                                                                 |  |
| <b>22. I hereby certify that I attended the deceased from</b> <u>Nov. 19, 1946</u> , to <u>6/6 - 1950</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>50</u> , and that death occurred <u>9 2 PM</u> , from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                 |  |
| <b>23a. SIGNATURE</b> (Degree or title) <u>W. E. Edwards M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                  |  | <b>23b. ADDRESS</b> <u>Pleasant Hill, Mo</u>                                                                                                                                                                                                                                                                                            |  | <b>23c. DATE SIGNED</b> <u>6-8-50</u>                                                           |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>24b. DATE</b> <u>6-9-50</u>                                                                                   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Pleasant Hill Cemetery</u>                                                                                                                                                                                                                                                                 |  | <b>24d. LOCATION</b> (City, town, or county) (State) <u>Pleasant Hill, MO.</u>                  |  |
| <b>DATE REC'D BY LOCAL REG.</b> <u>June 17, 1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>REGISTRAR'S SIGNATURE</b> <u>Rainer J. Jones</u>                                                              |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Allen Burdett Pleasant Hill Mo</u> ADDRESS                                                                                                                                                                                                                                                   |  |                                                                                                 |  |

(Licensed Embalmer's Statement on Reverse Side)

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



JUN 30 1950

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

*William L. Anderson*

Licensed Embalmer No.

*4674*

P. O. Address

*Pleasant Hill 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.