

FILED JUN 17 1950

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

21351

State File No. 1996

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN Golconda		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Will			b. (Middle) S		c. (Last) Barger		4. DATE OF DEATH (Month) (Day) (Year) 6 5 50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 10, 1866		9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY State Treas. Office		11. BIRTHPLACE (State or foreign country) Eddyville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George S. Barger		13b. MOTHER'S MAIDEN NAME Mary N. Morse		14. NAME OF HUSBAND OR WIFE Alice			
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 Loy Barger, Harrisburg, Ill.			
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) Pulmonary emboli with infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mural Thrombi of auricle DUE TO (c) Auricular Fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death ASHD with congestive failure 9 weeks.					INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 1 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5 5 50 2:30 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200			
22. I hereby certify that I attended the deceased from May 24, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 2:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard M. Peters M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 6-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-6-50	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Eddyville, Ill.		
DATE REC'D BY LOCAL REG. JUN 6 1950		REGISTRAR'S SIGNATURE J B Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed Oliver R. Sadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.