

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22531

State File No.

 BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal city, MO</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Lytle Park Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. W. Hunter</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>Frank.</u> c. (Last) <u>Barr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>	8. DATE OF BIRTH <u>11-1st-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Barr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Coisley</u>	14. NAME OF HUSBAND OR WIFE <u>Belva Stratton Barr</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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sheldon Wright</u> ADDRESS <u>Nevada, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>442 X</u> <u>7 da.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-renal disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (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) _____ m.	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 4-28, 1950 to 5-29, 1950; that I last saw the deceased alive on 5-29, 1950 and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. L. Martine</u>	23b. ADDRESS <u>MO. Nevada Mo</u>	23c. DATE SIGNED <u>6-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerwood</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yarnes</u>	33	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwiner Funeral Home</u> ADDRESS <u>Wash. Bldg. Nevada, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-21-50

District Health Officer No. 71

District File Number 5-50-694

Date Filed 6-21-50

JUN 22 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 *Mash. Eschinger*

Licensed Embalmer No. *2656*

P. O. Address *Newada, 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.