No. 300
10.48

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

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26180

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 276

1. PLACE OF DEATH

a. COUNTY: Callaway

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton

c. LENGTH OF STAY (in this place): 7 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1 Fulton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo

b. COUNTY: Boone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0104

d. STREET ADDRESS (If rural, give location): 817 Range Line

3. NAME OF DECEASED (Type or Print): a. (First) Rubin b. (Middle) W. c. (Last) Barbee

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-20-1865

9. AGE (In years last birthday): 85 — If under 1 year: Months 7 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Tenn

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: H. P. Barbee

13b. MOTHER'S MAIDEN NAME: Louisa Younger

14. NAME OF HUSBAND OR WIFE: Willie R. Barbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): D. K. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Hospital records. Fulton ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from Sudden, 19____, to _____, 19____, that I last saw the deceased alive on 8-19-50, 19____, and that death occurred at 8:50 A m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Caldwell (Degree or title) M. D.

23b. ADDRESS: State Hospital No 1 Fulton

23c. DATE SIGNED: 8-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 21-1950

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem

24d. LOCATION (City, town, or county): Columbia (State) Mo

DATE REC'D BY LOCAL REG.: Aug 20-1950

REGISTRAR'S SIGNATURE: 426 Maretta Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Willett ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side) By DAS.

RECEIVED
AUG 29 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Guy A. Shelto

Signed.....
Student Embalmer

Licensed Embalmer No. 4700

P. O. Address Columbia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.