

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27722

BIRTH NO. REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Benton Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Benton Twp 0760	
c. LENGTH OF STAY (In this place) 80 yrs		d. STREET ADDRESS (If rural, give location) Chamois, Mo. R D	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Barchard			4. DATE OF DEATH (Month) (Day) (Year) Aug. 13th, 1950		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single //	8. DATE OF BIRTH Dec 1st, 1870	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months 3 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Chamois, Mo. R D	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME William Barchard		13b. MOTHER'S MAIDEN NAME Mary Woods		14. NAME OF HUSBAND OR WIFE Single	
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 Mrs. Airy White ADDRESS Chamois, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH instant	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4/201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clyde Morter</i> Coroner		23b. ADDRESS Box 255, Linn, Mo.		23c. DATE SIGNED 8/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial //		24b. DATE 8/15/50		24c. NAME OF CEMETERY OR CREMATORY Barchard Cemetery	
				24d. LOCATION (City, town, or county) (State) Chamois, Mo. R D	

DATE REC'D BY LOCAL REG. 8-15-50		REGISTRAR'S SIGNATURE <i>Cather Souder</i> 234		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clyde Morter</i> ADDRESS Linn, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 29 1950

RECEIVED

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.....  
Student Embalmer

Signed Wesley M. Norton

Licensed Embalmer No. 4125

P. O. Address Lein

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.