

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29419

State File No.

0117
3

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1080

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethel</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>2912 Pomoroy Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8th & Edmond Streets</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Frank</u> c. (Last) <u>Barger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 19, 1913</u>
9. AGE (In years last birthday) <u>37</u>	# UNDER 1 YEAR <u>7</u> Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Greyhound Bus Lines</u>	11. BIRTHPLACE (State or foreign country) <u>Bosehon, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Barger</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Shanneon</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Barger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W.W. II</u>		16. SOCIAL SECURITY NO. <u>510-07-1360</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd F. Barger</u>		ADDRESS <u>Bethel, Kansas</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound of the Chest, Fatal internal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hemorrhage</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man was accidentally shot by another man who was a passenger on his bus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>8 91 46</u> <u>43</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office bldg., etc.) <u>Bus Station</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 19, 1950 4:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun Shot, 22 Caliber</u>	
22. I hereby certify that I attended the deceased from <u>on 9/19, 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>9/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9/20/1950</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Bonner Springs, Kansas</u>
DATE REC'D BY LOCAL REG. <u>Sept. 26, 1950</u>	REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>	ADDRESS <u>General Home, St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1951
OCT 20 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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *William Spalding*
Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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.