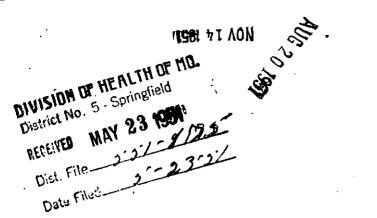
No. 300	. files			LE DIVISION OF HE					
ND.300	FILEU MAY	Y 28 1951	STA	NDARD CERTIF	ICATE OF DE	ATH	State F	ile No	16365
	BIRTH NO		REG.	DIST. NO. 142	PRIMARY REG. DIST				23
1.0	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE b. COUNTY 172 and admission).					
. 0	Howell				M1880Url HOWell				
0	b. CITY (If outside corporate limits, write RURAL and give township) C. LENGTH OF STAY (In this place) TOWN:OUNTRIN VIEW. MO 3 Weeks				c. City (If outside corporate limits, write BURAL and give township) TOWN MOUNTAIN VIEW. MO 6460				
RECORD	II U. FULL NAME OF (If not in bosnital or institution, give atoms address or location)				d. STREET		elve location)	. DIO .	18
8	HOSPITAL OR INSTITUTION General Hospital				ADDRESS				
R E	3. NAME OF a. (First) DECEASED			b. (Middle)	2 (1 20)			fonth)	(Day) (Year)
PERMANENT	H	Herbert		Earl	Barron	Ţ	OF _`_	•	7th 1951
		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speed(y)		8. DATE OF BIRTH 9. AGE (In ye		9. AGE (In years)	MATE OF UNDER 1 YEAR ! IF UNDER M HES.	
			Widowed V		Sept 17 1879 71			Months Days Hours Min.	
SK .	10a. USUAL OCCUPATION (Give kind of work		10b. KIND OF BUSINESS OR IN-		11. BIRTHPLACE (8ta	te or foreign o	ountry)	-/	12. CITIZEN OF WHAT
E	done during most of working life, even if retired)			DUSTRY	Ironton Missouri				COUNTRY
	13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND			OR WIFE		
MAKE A	val H. Barron			Medora A	A Edgar Agnes W Barro			rron	l
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY	17. INFORMANT'S SIGNATURE OR NAME			Œ	ADDRESS
N.				Not Known	w.E. Barron wichita F			a' Fa	lls Tex
J	18. CAUSE OF DEATH	ERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH				
INK	Enter only one cause per l. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cultral Herman Arige								OUSE! WHO DEW! H
CK —	ANTECODIT CHIEF								
	*This does not mean the mode of dying, such			1.		.			
BLA	the mode of dying, such as heart failure, asthenia, etc. It means the dis- the underlying cause last. Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.						•		- ·
1	ease, injury, or complica-		DUE TO (c)					[_	
N	tion which caused death. II. OTHER SIGNIFIC Conditions contribut related to the disease				•				
ΔΔ				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
UNFADING	19a. DATE OF OPERA- 19b. MAJOR FINDING			OPERATION	•		33/X		20. AUTOPSY?
E		<u> </u>			·		23/ A		YES NO
USING	21a. ACSIDENT SUICIDE HOMICIDE	(Specify) 2 b	1b. PLACE ome, farm,	OFINJURY (e.g., fn or about factory, street, office bldg., etc.)	21c. (CITY, TOWN, OF	R TOWNSHIP) (COU)	ITY)	(STATE)
181	21d. TIME (Month) (Day) (Year) (Honz) 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR?								
ī	OF INJURY WHILE AT NOT WHILE WORK AT WORK								
ĽŽ									
PLAINLY	22. I hereby certify that I attended the deceased from $5/2$, 19.5/, to $2/2$, 19.5/, that I last saw the deceased alive on 8 , 30 from the causes and on the date stated above.								
TA	23a. SIGNATURE (Degree or title) 23b. ADDRESS							Z3c. DATE SIGNED	
- 11	James	R Sh	ud Le	~ DO	· mtw	1) (en	i mo		5/18/51
WRITE	24a, BURIAL, CREMA- TION REMOVAL (Breedly)	24b. DATE	//	24c. NAME OF CEMETER	OR CREMATORY	24d. LOCAT	ION (Oity, town,	or count	y) (State)
¥ H	burial /	May 19	51	batesville	cem	Bat	esville	Ar	k
	DATE REC'D BY LOCAL			11/11/16	25. FUNERAL DIREC	CTOR'S SI	GNATURE		DRESS
- 4	3-22-57 Zaura Mullello Duncan runeral nome Mtn View, mo								
15	(Licensed Embelmer's Statement on Reverse Side)								



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

Licensed Embalmer Nor

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.