

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17263

State File No.

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5726</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>MARIES</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TOWNSHIP)</u> <u>YES</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TOWNSHIP)</u> d. STREET ADDRESS (If rural, give location) <u>0631</u>			
3. NAME OF DECEASED (Type or Print) <u>NORA</u> a. (First) <u>MAY</u> b. (Middle) <u>BARBARICK</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 21-1891</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>10</u> Min. <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JASPER JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>NETTIE KEENEY</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN BARBARICK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Barbarick</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, ashenia, etc. It means the disease, injury, or complication which caused death. 18a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Lung</u> 18b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 18c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1103 X</u>		20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)	
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 <u>April 27, 1951</u> to <u>6/1, 1951</u> , that I last saw the deceased alive on <u>6/1, 1951</u> , and that death occurred at <u>10:40 PM</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. H. Schomberg MD</u> (Degree or title)	
23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>6/4/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/4/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belle, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Howard</u>		25. ADDRESS <u>Funeral Service-Belle</u>	
DATE REC'D BY LOCAL REG. <u>6-6-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Howard</u>		25. ADDRESS <u>Funeral Service-Belle</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 12 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas. L. Lamm

Licensed Embalmer No. 4178

P. O. Address Blond

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.