

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 2- 1951 STANDARD CERTIFICATE OF DEATH

State File No. **20652**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) Aurora	c. LENGTH OF STAY (In this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	8551
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 W. Church St.		d. STREET ADDRESS (If rural, give location) 115 W; Church St.	

3. NAME OF DECEASED a. (First) John b. (Middle) H. c. (Last) Barber			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9/10/1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Lawrence Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Belle Barber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Lloyd Barber ADDRESS Aurora, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Die in Sleep.		DUE TO (b) Coronary Arteriosclerosis		4201
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 A. P. Capetto (Degree or title) M.D.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 6-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/21/51	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora Missouri
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DATE REC'D BY LOCAL REG. June 21-51	REGISTRAR'S SIGNATURE Era Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE Wm. L. Marsh ADDRESS Aurora, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 27 1951
Dist. File 631-1391
Date Filed 6-29-51

DIV

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Gene Harrents
Licensed Embalmer No. 4809
P. O. Address Aurora, 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.