

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34380

FILED OCT 29 1951

BIRTH NO.		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 5778		Registrar's No. 22-51	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Punah-Jim Henry		c. LENGTH OF STAY (In this place) 4 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi So of Eugene				d. STREET ADDRESS (If rural, give location) 3820 So Broadway			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First) D.		b. (Middle) Barber		c. (Last)	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 13-1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Car Transport		11. BIRTHPLACE (State or foreign country) Jackson - TENN.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Barber		13b. MOTHER'S MAIDEN NAME Sally Peeler		14. NAME OF HUSBAND OR WIFE Ruth Barber			
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.		17. INFORMANT'S SIGNATURE OR NAME Ruth Barber			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos. Yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) m.		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 on Oct 22, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Walter P. Hedge		23b. ADDRESS Coroner		23c. DATE SIGNED Oct 22, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 26 1951		24c. NAME OF CEMETERY OR CREMATORY Shiloh Cem.		24d. LOCATION (City, town, or county) (State) Milan TENN	
DATE REC'D BY LOCAL REG. October 23, 1951		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE Richard M. Rags		ADDRESS ELDON MO	

(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 2, 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.