

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38419**

FILED NOV 16 1951

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **5972** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flemington, R. #2	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. #2	d. STREET ADDRESS (If rural, give location) Flemington
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Barger			4. DATE OF DEATH (Month) (Day) (Year) 11 1 1951				
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Days 8	IF UNDER 2 HRS. Hours 23	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Polk Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ben. Franklin Miller		13b. MOTHER'S MAIDEN NAME Nancy E. Adkins		14. NAME OF HUSBAND OR WIFE George W.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herschel Ingram, Fair Play, MO		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of breast				6 mo	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
		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 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) 170X			
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?			

22. I hereby certify that I attended the deceased from **Oct 1, 1951**, to **Nov 1, 1951**, that I last saw the deceased alive on **Oct 31, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. G. McLean		(Degree or title) MD		23b. ADDRESS Humansville, Mo.		23c. DATE SIGNED 11-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/3/1951	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Mo.		

DATE REC'D BY LOCAL REG. Nov 3, 1951	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Prim Funeral Home	ADDRESS Humansville, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 9 1957
Dist. File 1151-2003
Date Filed 11-15-51

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hammersville

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.