

**PAID** JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21652

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 206

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Desloge</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>509 N. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie</b> b. (Middle) <b>Louise</b> c. (Last) <b>Barber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>April 5, 1875</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>					

13a. FATHER'S NAME <b>Charlie Hubert</b>		13b. MOTHER'S MAIDEN NAME <b>Louise McPike</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Barber</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Serena Barber Desloge, Mo.</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar PNEUMONIA</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC heart</b>					
		DUE TO (c) <b>Cholesterol</b>					
		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 <b>490X</b>				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) (Min.)			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 June 25, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952 and that death occurred at 10:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Foster</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Desloge, Mo.</b>		23c. DATE SIGNED <b>6-28-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/29/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Barber Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Zion, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>June 29, 1952</b>		REGISTRAR'S SIGNATURE <b>Cather Rudolph</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Z. BOYER &amp; SON Desloge, Mo.</b>	
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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 *D. T. Dayer*.....

Licensed Embalmer No. *3669*.....

P. O. Address *Keosauqua, 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.