

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32503**

FILED OCT 10 1952

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **185**

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duke Rural - Spring Creek		
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Hospital			d. STREET ADDRESS (If rural, give location) None Duke 0810		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ABRAHAM c. (Last) BARR			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1878	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR last birthday) Months Days Hours Min. 74	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store keeper, ret.		10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Store	11. BIRTHPLACE (City and State or Foreign Country) Maries County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Barr		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lulu	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Barr Duke, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractures of 6+7th dorsal vertebrae 12th and 6,7th + 8th ribs at side 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 0.5		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12th , 19____, to _____, 19____, that I last saw the deceased alive on 9-25, 1952 , and that death occurred at 7:55A m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. E. Feind M.D.		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 10-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 28, 52	24c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Mo.		
DATE REC'D BY LOCAL REG. Oct. 11, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

PT 22 1955

County File Number
Date Filed 10-9-52

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.