

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37482

State File No.

FILED NOV 10 1952

BIRTH NO. <u>26</u>		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>6282</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macomb</u>		c. LENGTH OF STAY (In this place) <u>1140</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macomb</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Macomb</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Phinnie</u>		b. (Middle) <u>NELSON</u>		c. (Last) <u>BARS</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>21</u>		(Year) <u>52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 13, 1889</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Shreveport, La.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. B. Bars</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Temple</u>		14. NAME OF HUSBAND OR WIFE <u>Neva E. Bars</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Neva E. Bars</u>			
				ADDRESS <u>Macomb, Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <u>Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Empyema</u>					
		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 <u>490X</u>				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>5-11</u> 19 <u>52</u> to <u>9-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>52</u> , and that death occurred at <u>3:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Newton D. Mansfield</u>		(Design or title) <u>Do</u>		23b. ADDRESS <u>Mansfield, Mo.</u>		23c. DATE SIGNED <u>10-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macomb Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Macomb, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/6/52</u>		REGISTRAR'S SIGNATURE <u>Lin R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don E. Farrell</u>		ADDRESS <u>Mansfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 7 1952
WRIGHT CO. HEALTH DEPT.
County File Number 1152-126
Date Filed 11-8-52

County Health DEPT.
County File Number
Date Filed

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

Don L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Memphis, 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.