S. No. 300
v. 10.48

FILED JAN 27 1953

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

635

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5251 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mendon
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mendon 0210
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Patrick b. (Middle) Joseph c. (Last) Barry

4. DATE OF DEATH (Month) (Day) (Year) Jan. 19 - 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married
8. DATE OF BIRTH March 17-1872
9. AGE (In years last birthday) 80 Months 10 Days 2 If under 1 year: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chariton Co
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Barry
13b. MOTHER'S MAIDEN NAME Elizabeth Mulholland
14. NAME OF HUSBAND OR WIFE never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME Thomas Barry ADDRESS Mendon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Arteriosclerotic Heart Dis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1949 to 1-19, 1953 that I last saw the deceased alive on 1-19, 1953 and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE John W. Lewis (Degree or title) M.D.
23b. ADDRESS Monroe City Mo
23c. DATE SIGNED 1-20 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-53
24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
24d. LOCATION (City, town, or county) Near Mendon (State) Mo

DATE REC'D BY LOCAL REG. 1-21-53
REGISTRAR'S SIGNATURE Mildred Bonne
25. FUNERAL DIRECTOR'S SIGNATURE S. L. Leopard ADDRESS Mendon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1953

FEB 4 1953

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 L. L. Leupard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.