

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10312
 State File No. 11713334
 Registrar's No. 501

FILED MAR 31 1953

REG. DIST. NO. 155 PRIMARY REG. DIST. 3/27/53

0492
 1

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (If in this place) 1 Year		d. STREET ADDRESS (If rural, give location) 515 N. Main St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 N. Main St.			
3. NAME OF DECEASED a. (First) Francis		b. (Middle) A.	
c. (Last) Barr		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1893
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Hartsville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Barr		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Izoria Barr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Izoria Barr		ADDRESS 515 N. Main St. Webb City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes Silico Tuberculosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
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 001X	
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)		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 2/5/53, 19__, to 3/27/53, 19__, that I last saw the deceased alive on 3/27/53, and that death occurred at 5:00 PM., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Wells D.O.		23b. ADDRESS Webb City, Mo.	
23c. DATE SIGNED 3-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-30-53	
24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cem.		24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
DATE REC'D BY LOCAL REG. 3-28-53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
474		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Mortuary	

RECEIVED 3-30-53
Jasper County Health Office

County File Number 53/3/287

Date Filed 3-30-53

APR 9 1953

APR 7 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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.