

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13583

State File No.

FILED MAY 11 1953

BIRTH NO. 11 1000 REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <i>Clark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Mo</i> b. COUNTY <i>Clark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kahoka</i>	c. LENGTH OF STAY (in this place) <i>5 mo</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Granger Mo 0230</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ward Nursing Home</i>		d. STREET ADDRESS (If rural, give location) <i>J</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>BERTHA</i> b. (Middle) <i>M</i> c. (Last) <i>BARR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 15 1953</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Jan 28 1868</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months <i>2</i>	IF UNDER 30 HRS. Days <i>17</i>	IF UNDER 24 HRS. Hours <i>0</i>	IF UNDER 1 MIN. Mins. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Granger Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U S</i>
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13a. FATHER'S NAME <i>Jacob Long</i>	13b. MOTHER'S MAIDEN NAME <i>May Dietrich</i>	14. NAME OF HUSBAND OR WIFE <i>Emil Barr</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service)	16. SOCIAL SECURITY NO. <i>J</i>	17. INFORMANT'S SIGNATURE OR NAME <i>C. E. Barr</i>	ADDRESS <i>Kahoka Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CEREBRAL HEMORRHAGE</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>SENILITY</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	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)	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 *2-15-1953*, to *4-15-1953*, that I last saw the deceased alive on *4-15-1953*, and that death occurred at *3 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>S. H. Channing D. V.</i>	23b. ADDRESS <i>Kahoka Mo</i>	23c. DATE SIGNED <i>4-17-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 18 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Grange Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Granger Mo</i>
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DATE REC'D BY LOCAL REG. <i>5/3-53</i>	REGISTRAR'S SIGNATURE <i>Albrecht</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gertrude Beckwith</i>	ADDRESS <i>Memphis Mo</i>
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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 Albert C Gerth

Licensed Embalmer No. 4257

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.