

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23874

State File No. _____

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 50

I. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

RURAL - UNION TOWNSHIP

c. LENGTH OF STAY (in this place)

6 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION

13 mi. S.E. of FREDERICKTOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

BOLLINGER

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

RURAL - UNION TOWNSHIP

d. STREET ADDRESS (If rural, give location)

0090
13 mi. S.E. of FREDERICKTOWN

3. NAME OF DECEASED (Type or Print)

a. (First)

ALMER

b. (Middle)

EDGAR

c. (Last)

BARBER

4. DATE OF DEATH

(Month)

(Day)

(Year)

JULY 31, 1953

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 25, 1885

9. AGE (In years last birthday)

67

UNDER 1 YEAR

Months

UNDER 12 HRS.

Days

76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BOLLINGER COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

ZEKIEL BARBER

13b. MOTHER'S MAIDEN NAME

JANE STONE

14. NAME OF HUSBAND OR WIFE

EMMA BARBER

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

MRS. EMMA BARBER - PATTON, MO.

ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Gastric ulcer

DUE TO (c)

Osteo arthritis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

3 weeks1 year5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7230

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) (Min.)

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 June 1951, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

E. W. DeLeyne D.O.

23b. ADDRESS

Fredericktown Mo Aug 1, 53

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

7/31/53

24c. NAME OF CEMETERY OR CREMATORY

UNION LIGHT

24d. LOCATION (City, town, or county)

BOLLINGER CO. MO.

(State)

DATE REC'D BY LOCAL REG.

8-4-53

REGISTRAR'S SIGNATURE

Willie Vandenburg

25. FUNERAL DIRECTOR'S SIGNATURE

W. Adamson - FREDERICKTOWN, MO.

ADDRESS

APR 8 1955

AUG 17 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.

Signed _____

Raymond Wilson

Signed _____

Student Embalmer

Licensed Embalmer No. *4884*

P. O. Address *Fredricktown, 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.