

FILED SEP 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32784

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3061		Registrar's No. 313	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River		d. STREET ADDRESS (If rural, give location) 509 Lewis St.	
3. NAME OF DECEASED (Type or Print) BARNIE HENRY BARNIE				a. (First) b. (Middle) c. (Last) BYE		4. DATE OF DEATH Sept 16, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept-11-1879	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead		9. AGE (In years) (If under 1 year: Day, Hours, Min.) 74 0 5	
11. BIRTHPLACE (City and State or Foreign Country) Selvin, Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Archie Bye		13b. MOTHER'S MAIDEN NAME Lina Mitchell		14. NAME OF HUSBAND OR WIFE Effie Bye			
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. 493-03-9780		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Effie Bye Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Paralysis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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 9/10, 1951, to 9/16, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 2:45A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B B Farrow MD				23b. ADDRESS Flat River, Mo		23c. DATE SIGNED Sept-17-	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-19-1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) 1953 (State) St. Francois Co. Mo	
DATE REC'D BY LOCAL REG. Sept. 17, 1953		REGISTRAR'S SIGNATURE 289-0 Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks F. Home Flat River, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Murphy Spahr

Licensed Embalmer No. *4256*

P. O. Address *Flat River 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.