

# STANDARD CERTIFICATE OF DEATH

 State File No. **716**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <b>93</b>		PRIMARY REG. DIST. NO. <b>5338</b>		Registrar's No. <b>54-5</b>	
1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Polk twp.</b>		c. LENGTH OF STAY (In this place) <b>19 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Polk twp.</b>		d. STREET ADDRESS (If rural, give location) <b>6 mi. N.E. of Greenfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 mi. N.E. of Greenfield</b>				d. STREET ADDRESS (If rural, give location) <b>6 mi. N.E. of Greenfield</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b>		b. (Middle) <b>Gertrude</b>		c. (Last) <b>Barr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 7, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>		8. DATE OF BIRTH <b>March 6, 1889</b>	
9. AGE (In years last birthday) <b>64</b>		10. MONTH <b>10</b>		11. DAY <b>1</b>		12. YEAR <b>1918</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hebron, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. Wm. Barr</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jerry Fanning, Rt. #4, Lamar, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Failure</b>  ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>after</b> <b>1918</b> , that I last saw the deceased alive on <b>1918</b> , and that he died at <b>2:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. R. Allison</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Greenfield, Mo.</b>		23c. DATE SIGNED <b>1-10-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pemberton Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Dade Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-10-54</b>		REGISTRAR'S SIGNATURE <b>J. C. Canada</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Canada</b> ADDRESS <b>Greenfield, Mo.</b>			

(Licensed Embalmers' Signature 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

*J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, N.H.*

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.