

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13037

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 301   |  | PRIMARY REG. DIST. NO. 6035   |  | Registrar's No. 445   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>RIPLEY</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - JORDAN</b>   |  |  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - JORDAN</b>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DONIPHAN Rt. # 2</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>DONIPHAN Rt. # 2</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <b>PHIL</b>   |  | b. (Middle) <b>S.</b>   |  | c. (Last) <b>BARGER</b>   |  |
| 4. DATE OF DEATH   |  | a. (Month) <b>MARCH</b>  |  | b. (Day) <b>29</b>  |  | c. (Year) <b>1954</b>   |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>   |  | 8. DATE OF BIRTH <b>DEC. 12 - 1859</b>  |  |
| 9. AGE (In years last birthday) <b>94</b>  |  | 10. MONTHS <b>3</b>  |  | 11. DAYS <b>17</b>  |  | 12. HOURS <b>17</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>POLK Co. ILLINOIS</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>UNKNOWN</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>PRISCILLA McDONALD</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>ANN BARGER (DECEASED)</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>L. F. SMITH</b> ADDRESS <b>DONIPHAN Rt. # 2</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                              |  | 19. MEDICAN CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3-15-54</b>                                     |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <b>490X</b>   |  |   |  | 20. AUTOPSY?<br>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) (Min.)   |  | 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 <b>3-15-54</b> , to <b>3-29-54</b> , that I last saw the deceased alive on <b>3-29-54</b> , 19 <b>54</b> , and that death occurred at <b>4:00 Am.</b> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <b>C. H. Font</b>   |  | 23b. ADDRESS <b>Doniphan Mo.</b>   |  | 23c. DATE SIGNED <b>4/2/54</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>3/31/54</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM.</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>DONIPHAN - MO.</b>                 |  |
| DATE REC'D BY LOCAL REG. <b>4-5-54</b>   |  | REGISTRAR'S SIGNATURE <b>Ed Johnston 277</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>EDWARD FUNERAL HOME</b> ADDRESS <b>DONIPHAN - MO.</b>   |  |   |  |

(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

*Gene W. Parrent*

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.