

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 359

0164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa Jasper b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 2 hours	c. CITY OR TOWN Newton
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 113 W. 2nd St.		8911, 1, 4	

3. NAME OF DECEASED (Type or Print)	a. (First) Ray	b. (Middle) Edmund	c. (Last) Barber	4. DATE OF DEATH (Month) (Day) (Year) Sept 25 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-21-1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheriff	10b. KIND OF BUSINESS OR INDUSTRY Sheriff	11. BIRTHPLACE (City and State or Foreign Country) Don't-know Colchester, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Don't-know John R. Barber	13b. MOTHER'S MAIDEN NAME Don't-know Agnes Polon	14. NAME OF HUSBAND OR WIFE Don't-know Agnes Polon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes No Don't know	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Morgan-Loehr Funeral Home	ADDRESS Iowa Newton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion and myocardial infarction.		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	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 Sept 24, 1954 to Sept 25, 1954 that I last saw the deceased alive on Sept 24, 1954 and that death occurred at 2:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.	23b. ADDRESS 714 Broadway Cape Girardeau Mo	23c. DATE SIGNED 9-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 25 1954	24c. NAME OF CEMETERY OR CREMATORY Don't know	24d. LOCATION (City, town, or county) (State) Newton, Iowa
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DATE REC'D BY LOCAL REG. 10-4-54	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE L. L. Haman	ADDRESS Cape Girardeau Mo
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MAY 29 1954

MAY 2 1960

JAN 8 1960

MAY 11 1954

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.....
Signature of Student Embalmer

Signed *L. J. Kaman*

Licensed Embalmer No. *2663*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.