

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31265**

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 27-54	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. LENGTH OF STAY (in this place) 48 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia Rural Richwoods			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Humphreys Hospital				d. STREET ADDRESS (If rural, give location) R.R. 2			
3. NAME OF DECEASED (Type or Print) a. (First) Edmond		b. (Middle) Alexander		c. (Last) Barr		4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1954	
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/22/1862	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iberia, Miller Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John F. Barr		13b. MOTHER'S MAIDEN NAME Elender Wilson		14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Barr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Barr Iberia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Bronchial) (Chronic) INTERVAL BETWEEN ONSET AND DEATH 6 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bed ridden from Fractured hip 3 days 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 ☐ 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) 066 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9-13-1954 to 9-15-1954 , that I last saw the deceased alive on 9-15-1954 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. E. Humphreys D.O.				23b. ADDRESS Tuscumbia, Mo.		23c. DATE SIGNED 9-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/54		24c. NAME OF CEMETERY OR CREMATORY Jarrett		24d. LOCATION (City, town, or county) (State) Iberia, Mo. Miller	
DATE REC'D BY LOCAL REG. Sept. 18-1954		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Homes Inc Iberia, 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

Walter O. Hedges

Licensed Embalmer No. *14265*

P. O. Address *Meriden, 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.