

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3688

State File No. 37945

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 460	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bucklin Township		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bucklin Township		d. STREET ADDRESS (If rural, give location) North Of Bucklin	
3. NAME OF DECEASED (Type or Print) a. (First) Tilman			b. (Middle) Taylor		c. (Last) Barry		4. DATE OF DEATH (Month) (Day) (Year) Dec 5 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 10 1877		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR: Months 1 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Isiac Moore Barry		13b. MOTHER'S MAIDEN NAME Hannach D. Moss		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kenneth Barry				ADDRESS New Boston 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Curvay Thrombosis ANTECEDENT CAUSES DUE TO (b) arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 hr	
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)		4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Jan 10, 1948, to Dec 5, 1954, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 7:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE R. A. Unelbess (Degree or title)			23b. ADDRESS P.O. Box Bucklin Mo.			23c. DATE SIGNED 12-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 7 1954	24c. NAME OF CEMETERY OR CREMATORY La Plata		24d. LOCATION (City, town, or county) (State) La Plata Macon Mo			
DATE REC'D BY LOCAL REG. 12-10-54	REGISTRAR'S SIGNATURE Gudine Stambaugh, Reg.		167-0		25. FUNERAL DIRECTOR'S SIGNATURE W. H. McCallum		ADDRESS South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.