

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40456

State File No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville,</u>		c. CITY OR TOWN <u>Boonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>404 Spruce</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>LAWRENCE</u>	c. (Last) <u>BARRON</u>	4. DATE OF DEATH	(Month) <u>Dec.</u>	(Day) <u>23,</u>	(Year) <u>1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 13, 1920</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Great Falls, Montana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>R. B. Barron</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia Swan</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Doris Viertel Barron</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WWII - 4yrs</u>	16. SOCIAL SECURITY NO. <u>492188080</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Barron</u>	ADDRESS <u>Boonville, Mo.</u>
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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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	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. <u>malignant metastatic melanoma</u>		<u>2 yrs</u>

19a. DATE OF OPERATION <u>1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>malignant melanoma 1.93 X H</u>	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)	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 11-28-1954, to 12-23-1954, that I last saw the deceased alive on 11-23-1954, and that death occurred at 11:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.C. Beckwith M.D.</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>12-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/24/54</u>	REGISTRAR'S SIGNATURE <u>D. Cooper 381-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Thacker</u>	ADDRESS <u>Boonville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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1955 02 11 1142

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 *Berry W. Thacher*
Licensed Embalmer No. *394*

P. O. Address *Barnwell*

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.