

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0411</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bethany Hospital</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alban</u> <u>0380</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Donna</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Barger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1883</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>71</u>	Months <u>4</u> Days <u>20</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Phillip Easter</u>	13b. MOTHER'S MAIDEN NAME <u>Alpha Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>John Alexander Barger</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Alexander Barger, Alban, Mo.</u>	ADDRESS
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19. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Melanoma to Colon</u> 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  <u>174X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 4-16, 1953, to 2-4, 1955, that I last saw the deceased alive on 2-4, 1955, and that death occurred at 9:10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Barger</u> <u>0 7110</u>	(Degree or title)	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>2-5-1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Hampton. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-9-55</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brown</u>	ADDRESS <u>Alban Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert Brooks*

Licensed Embalmer No. 3329

P. O. Address Albany MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.