

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11011**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **409**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Joseph</b>	c. LENGTH OF STAY (In this place) <b>10 1/2 days</b>	c. CITY OR TOWN <b>St Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>		f. STREET ADDRESS (If rural, give location) <b>1008 Church Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>L.</b> c. (Last) <b>Barbee</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 17 1955</b>
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5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-8-1868</b>	9. AGE (In years last birthday) <b>87</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>James Buchanan Barbee</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Miller</b>	14. NAME OF HUSBAN OR WIFE <b>Mrs J L Barbee</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. of unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>rel</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J L Barbee</b> ADDRESS <b>1008 Church Street, City</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs +</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
	DUE TO (c) <b>Psychotic</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>1 yr</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	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 **4-17 1955**, to **4-17 1955** that I last saw the deceased alive on **4-17 1955** and that death occurred at **9:25 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G.E. Cassine MD</b>	23b. ADDRESS <b>State Hospital #2 City</b>	23c. DATE SIGNED <b>4-17-1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Judah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 20, 1955</b>	REGISTRAR'S SIGNATURE <b>Robert M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Brown</b> ADDRESS <b>St Joseph Mo.</b>
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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 *James B. Hawkins*.....  
Licensed Embalmer No. 4531

P. O. Address 319 E 10<sup>th</sup> St

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.