

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23211**

FILED AUG 12 1955

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5985		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Ft. Leonard Wood				c. CITY OR TOWN Tulsa		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 _____				e. STREET ADDRESS (If rural, give location) 7441 E. 7 th St.			
3. NAME OF DECEASED (Type or Print) Captain Hugh		a. (First)		b. (Middle)		c. (Last) Barron	
4. DATE OF DEATH 8/4/55		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/24/1909	
9. AGE (In years last birthday) 45		10. MONTHS		11. DAYS		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot				10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL			
11. BIRTHPLACE (City and State or Foreign Country) Laurens co. Georgia				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE Mrs. Hugh Barron							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes				16. SOCIAL SECURITY NO. 421143011			
17. INFORMANT'S SIGNATURE OR NAME Brook Payne St. Loms, Mo				ADDRESS _____			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) skull fracture							
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) crash injuries result							
DUE TO (c) plane crash							
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 39			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft. Wood		21c. (CITY, TOWN, OR TOWNSHIP) Ft. Wood (COUNTY) Pulaski (STATE) MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 4 55 1233P		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? AIRPLANE CRASH			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:33P m., from the causes and on the date stated above.							
23a. SIGNATURE County coroner (If free or title) B. Hedges				23b. ADDRESS Richland, Missouri		23c. DATE SIGNED 8/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8/6/55		24c. NAME OF CEMETERY OR CREMATORY UNKNOWN		24d. LOCATION (City, town, or county) (State) Dublin, Georgia	
DATE REC'D BY LOCAL REG. 8-6-55		REGISTRAR'S SIGNATURE Paula Spivey		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Homes Inc		ADDRESS Crocker Missouri	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-6-55
Pulaski County Health Officer
File Number
Date Filed 8-6-55

AUG 10 1955

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.....
Walter O. Kasper

Licensed Embalmer No. 42

P. O. Address.....
Hend, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.