

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30395**

FILED SEP 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>91</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>					
b. CITY OR TOWN <u>Liniana</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Bowling Green</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Hospital</u>				e. STREET ADDRESS (If rural give location) <u>0870</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gabel</u>		b. (Middle) <u>NMN</u>		c. (Last) <u>Barber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>color</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 4 1870</u>			
9. AGE (In years last birthday) <u>85</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eolia Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Horace Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Lucas</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Barber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Brown Clarksville Mo</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebro-vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>cerebral thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> <u>332X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8/28</u> , 19 <u>54</u> , to <u>9-6-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-5</u> , 19 <u>55</u> , and that death occurred at <u>1</u> A.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John H. Hooker M.D.</u>				23b. ADDRESS <u>Clarksville, Mo.</u>		23c. DATE SIGNED <u>9-6-55</u>			
24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Mo</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG <u>Sept 15 1955</u>		REGISTRAR'S SIGNATURE <u>Bernice Callee</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Grace Darkhead</u>		ADDRESS <u>Bowling Green Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....*Harold C. Kins*

Licensed Embalmer No. *45*

P. O. Address *Bamli*
mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.