

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32235

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1142

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>65 years</u>	c. CITY OR TOWN <u>St. Joseph</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 HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2918 Francis St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>BARBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1955</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>July 10, 1880</u>	9. AGE (In years just birthday) <u>75</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>Credit Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Company</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Miltonville, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Adelbert Barber</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Neil</u>	14. NAME OF HUSBAND OR WIFE <u>Mintie M.</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) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-09-3176</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. W. Barber, 2918 Francis, St. Joseph, 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, asthenia, 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) <u>Cerebral Thrombosis</u>		<u>3 WKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) <u>Essen. Hypertension</u>		<u>yes</u> <u>yes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes m.</u>		<u>yes</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</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) 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 9-30, 1955, to 10-23, 1955 that I last saw the deceased alive on 10/21, 1954 and that death occurred at 7:15a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Grimes M.D.</u>	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>10/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/26/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 1, 1955</u>	REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston - Bowman St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

All done

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 *J. Eugene Wood*.....

Licensed Embalmer No. *380*.....

P. O. Address *319 S 10th, A*.....

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.