

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

116
37312
State File No.
Registrar's No. 176

BIRTH NO. _____ REG. DIST. NO. 164164 PRIMARY REG. DIST. NO. 5601

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Warrensburg		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Rural: Warrensburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 1, Warrensburg		e. STREET ADDRESS (If rural, give location) RFD 1, Warrensburg	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) William	
c. (Last) Barbee		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1894
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work being done during part of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Turner D. Barbee	
13b. MOTHER'S MAIDEN NAME Lude Davis		14. NAME OF HUSBAND OR WIFE Sadie R. Barbee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J.W. Barbee, RFD 1, Warrensburg		ADDRESS RFD 1, Warrensburg	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH Immediate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4/201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous myocardial infarction	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-9 ¹⁹⁵⁵ to 4-20 , 1955, that I last saw the deceased alive on 4-20 , 1955, and that death occurred at 7:20 AM , from the causes and on the date stated above.			
23a. SIGNATURE J. W. Barbee, M.D.		23b. ADDRESS Warrensburg, Mo.	
23c. DATE SIGNED 11-21-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1955	
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Savannah Crutchfield	
25. FUNERAL DIRECTOR'S SIGNATURE Earl Phillips		ADDRESS Sweeney-Phillips, Warrensburg, Mo.	

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

0510

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RECEIVED
NOV 28 1955
JOHNSON COUNTY HEALTH DEPT

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 *John P. Rodgers*

Licensed Embalmer No. 4963
Warrensburg, Missouri
P. O. Address.....

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.