STANDARRO CERTIFICATE OF DEATH a. COUNTY DEKalb b. CITY (If south company limits, write RUBAL and give of the county of the co	FILED JAN	5 - 1956	****		ALTH OF MISSOL		Stata	Ella Na	40089
L. PLACE OF DEATH	BIRTH NO.								7
O'S SANTA ROSA Comparison			-		2 USUAL RESID	ENCE (Wb	are decessed liv	ed. If inst NTY MO	Station: residence b
S. NAME OF a. (Pists) b. (Middle) c. (Last) d. DATE (Month) (Day). (Year)	I OR		RURAL and give township	c. LENGTH OF STAY (in this place) 2 WEEKS		a R _{osa}		d. Is Resi a city Yes	idence within limits of or incorporated town?
DECEASED Fredrick Herbert Barbee Death 12 - 12 - 55 5. SEX C 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 2 B. DATE OF BIRTH 9. AGE (19 years) Fredrick Divorced 11 - 21 - 1900 45 Months Darry Months Darry Months Dust Herbert Divorced 12 - 1900 12 C. (CITY, TOWN, OR TOWNSHIP) COUNTY) COUNTY VES Months Dust C. (CITY, TOWN, OR TOWNSHIP) C. (COUNTY) VES Months Dust C. (CITY, TOWN, OR TOWNSHIP) C. (COUNTY) VES Months C. (CITY, TOWN, OR TOWNSHIP) C. (COUNTY) VES Months C. (CITY, TOWN, OR TOWNSHIP)	d. FULL NAME OF (HOSPITAL OR INSTITUTION		institution, give stre	et address or location)	ADDRESS	(If rural, giv	ve location)		0320
Male White Divorced 11-21-1900 45 Months Days Bours Mide Days Bours Mide Divorced 11-21-21-1900 45 Months Days Bours Mide Days Bours Mid					•	1	OF		
3. FATHER'S NAME 3. FATHER'S NAME Clara Long 1. NAS DECASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY IN INFORMANT'S SIGNATURE OR NAME SWAS DECASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY IN INFORMANT'S SIGNATURE OR NAME SWAS DECASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY IN INFORMANT'S SIGNATURE OR NAME ADDRESS 1. NAFORMANT'S SIGNATURE OR NAME ADDRESS ANDELSO OF DEATH INTERVAL BETWEEN COTONARY Thrombosis ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CONDITION DIRECTLY LEADING TO DEATH* (a) U.S. A. **APPROPRIED TO THE SIGNATURE OR NAME ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CONDITIONS DIRECTLY LEADING TO DEATH* (b) U.S. A. **APPROPRIED TO THE SIGNATURE OR NAME ANTECEDENT CAUSES ANTECEDENT CONDITIONS DIRECTLY LEADING TO DEATH* (a) USE AS COUNTY Thrombosis INTERVAL BETWEE ONTERNAL BETWEE ANTECEDENT CAUSES DUE TO (b) This does not mean Medicial CERTIFICATION O'CONARY Thrombosis INTERVAL BETWEE ANDERS INTERVAL BE	VI	-	I WILDOWED D	111/00CED (011-4)	1 .	l l), AGE (In year last birthday) 45	Months	
S. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (NO. NO. NO. NO. 19. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (NO. NO. NO. NO. NO. NO. NO. NO. NO. NO.	doşadur <u>ing</u> most of worki	ON (Give kind of working life, even if retired)	ـ ئىل	DUSTRY	11 BIRTHPLACE (C	ity and State	or Foreign Cou	otry)	COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (6. SOCIAL SECURITY NO.	•	B _{arbee}		•		14. NAME	OF HUSBAND	O'OR WIF	Ε ,
IB. CAUSE OF DEATH Easter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as hear failure, asthenia, tic. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OPARA- TION 21a. CECIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (c.g., in or about) OPARA- TION 21c. (CITY, TOWN, OR TOWNSHIP) WHILE AT WORK 21d. Thereby certify that I altended the deceased from AT WORK 21d. THERE (Mosth) OPARA- TION 21d. Thereby certify that I altended the deceased from AT WORK 21d. THERE (Mosth) OPARA- TION 21d. (CITY, TOWN, OR TOWNSHIP) WHILE AT WORK 21d. Thereby certify that I altended the deceased from AT WORK 21d. Thereby certify that I altended the deceased from AT WORK 21d. ADDRESS 22d. DATE SIGNE 23d. BURIAL, CREMA- TION, REMOVAL (Basedby) BULT 12 1 24c. NAME OF CEMETERY OR CREMATORY Weatherby Mo DATE RECO BY LOCAL BEGISTRAR'S SIGNATURE ADDRESS AD	15. WAS DECEASED EVE (Yes. no. or unknown) (If	R IN U.S. ARMED	FORCES? 16. S	SOCIAL SECURITY	17. INFORMANT		_		•
**This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discourse (a) stating the underlying cause leaf. **DUE TO (b)	Enter only one cause per	I. DISEASE OR O		MEDICAL C	ERTIFICATION				INTERVAL BETWE
100 which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 19b	the mode of dying, such as heart fallure, asthenia,	Morbid condition	rs, if any, giving C cause (a) stating cuse last.		·				,
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 10f. OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21d. HOW DID INJURY OCCUR? 22d. Horeby certify that I attended the deceased from Alive on Alive on Alive on Approved 22d. DATE SIGNE TION, REMOVAL (Specify) BUT18.1 22d. DATE 12-15-55 HODEVELL 23d. SEMATURE ADDRESS Weatherby Mo ADDRESS		Conditions contr	IFICANT CONDITI	ONS but not		· · · · · · · · · · · · · · · · · · ·	42	<u></u> Θ[
SUICIDE SUICIDE Some, farm, factory, street, office bidg., etc.)	19a. DATE OF OPERA- TION	19b. MAJOR FIN	idings of oper	ATION		•			l
WHILE AT NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WORK 22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOWN, OR	TOWNSHIP)	(CC	UNTY)	(STATE)
alive on	OF	(Day) (Year)	WHILEA	T NOT WHILE	21f. HOW DID INJURY	OCCUR?			
CDEGROW OF LILE TO THE SIGNE STARTS SIGNATURE (Degrow or title) 7/23b. ADDRESS May sville Mo 12-12-55 May sville Mo 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Weatherby Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Degrow or title) 7/23b. ADDRESS May sville Mo 12-15-55 HODEWELL 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS									
24s. BURIAL, CREMA- TION, REMOVAL (Boodfy) BURIAL 12-15-55 HONOWOFI DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Weatherby Mo ADDRESS ADDRESS	23a FIGNATURE		1	(Degree or title)	/23b. ADDRESS				23c. DATE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE // C/ 2. 25. FUNERAL DISECTOR'S SIGNATURE ADDRESS	Ma. BURIAL, CREMA TION, REMOVAL (Breefly	24b. DATE			Y OR CREMATORY	24d. LOCATI		-	ity) (State
	DATE REC'D BY LOCAL	REGISTRAR'S		1/182.	25. FUNERAL DI BES	TOR'S SI	SMATURE	At	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

ipervision..

John Brown

P. O. Address .. Maysville.

Licensed Embalmer No 3933.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of ficense).

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.