

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No. 10215

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 71

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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly | | c. LENGTH OF STAY (In this place) 8 days | c. CITY OR TOWN Cairo |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital | | e. STREET ADDRESS (If rural, give location) Rural 08801 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter | | b. (Middle) Wade | |
| c. (Last) Barger | | 4. DATE OF DEATH (Month) (Day) (Year) March 7 1956 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH December 12, 1891 |
| 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Jesse H. Barger | | 13b. MOTHER'S MAIDEN NAME Sophia Wilkey | 14. NAME OF HUSBAND OR WIFE Mrs. Grace Barger |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 498-40-1311 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rachael Keller: 607 McKinley, Moberly, MO |
| 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) Carcinoma of rectum INTERVAL BETWEEN ONSET AND DEATH increasing ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction 5 days. | |
| 19a. DATE OF OPERATION 3-1-56 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum - local metastases | |
| 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) 154X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 28 Feb., 1956 , to 7 Mar., 1956 that I last saw the deceased alive on 2 Mar., 1956 and that death occurred at 6 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. B. Sawyer, M.D. (Degree or title) | | 23b. ADDRESS Moberly, Mo | |
| 23c. DATE SIGNED 7 Mar. 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-10-1956 | |
| 24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens | | 24d. LOCATION (City, town, or county) (State) Moberly, Missouri | |
| DATE REC'D BY LOCAL REG. 3-10-56 | | REGISTRAR'S SIGNATURE Reuben Bove | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton | | ADDRESS Huntsville | |

(Licensed Embalmer's Statement on Reverse Side)

M.D.

OCT 2 1901

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 *Tom B. [Redacted] Pate*

Licensed Embalmer No. *39*

P. O. Address *Hunter*

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.