

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12367

State File No.

| | | | | | | | |
|---|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>467</u> | |
| 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>39 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>Sunny Slope Nursing Home</u> <u>3225 So. 11th St.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2404 S. 7th St.</u> <u>01170</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> | | b. (Middle) <u>C.</u> | | c. (Last) <u>BARGER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1956</u> | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Sept. 22, 1891</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jack Clark</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John M. Barger</u> | |
| 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>491-24-8659</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ernest M. Smith, 2306 S. 4th, St. Joseph,</u> | | | |
| 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) <u>Metastatic Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>154x</u> | | | | 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) m. | | 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 <u>3/15</u> , 19 <u>55</u> , to <u>4/23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/23</u> , 19 <u>56</u> , and that death occurred at <u>3:20p.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John R. Ferguson MD</u> | | | | 23b. ADDRESS <u>420 N. 8th St St Joseph Mo</u> | | 23c. DATE SIGNED <u>4/25/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/25/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr 27, 1956</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beatrice Bowman St Joseph, Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. T or supervisor

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 *Richard D. Collins*.....

Licensed Embalmer No. *495*
319 So. 10th
P. O. Address *St. Joseph*

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.