

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13842**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5630** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon Rural		c. LENGTH OF STAY (In this place) 1	c. CITY OR TOWN Lebanon Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 5		e. STREET ADDRESS (If rural, give location) R.R. # 5	

3. NAME OF DECEASED (Type or Print)	a. (First) Hannah	b. (Middle) Lucinda	c. (Last) Barber	4. DATE OF DEATH (Month) (Day) (Year) April 14, 1956
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 25, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 19	IF UNDER 14 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Dallas Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Jenkins	13b. MOTHER'S MAIDEN NAME Rebecca Hansen	14. NAME OF HUSBAND OR WIFE Joseph Barber
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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 Ms. Lucille Poynter	ADDRESS Lebanon Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES ☐ NO ☒
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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. 4/14/56	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8/20**, 19**53**, to **4/14**, 19**56**, that I last saw the deceased alive on **4/14**, 19**56**, and that death occurred at **9:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE George Z. Fisher, M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo	23c. DATE SIGNED 4/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/17/56	24c. NAME OF CEMETERY OR CREMATORY Flatwoods Cemetery	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo
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DATE REC'D BY LOCAL REG. 4-20-1956	REGISTRAR'S SIGNATURE Altha L. Day	25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home	ADDRESS Lebanon, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-30-56
Laclede County Health Unit
File No. 72
Date Filed 4-30-56

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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.