

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH40772  
STATE FILE NUMBER  
300

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY V CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL NO. 1		Length of stay in lb 10 days	d. STREET (If outside, give location) ADDRESS 407 Alexander		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS EARL BARRON			4. DATE OF DEATH Month Day Year 11-13-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-12-91		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANICAL WORK		10b. KIND OF BUSINESS OR INDUSTRY MECHANIC		11. BIRTHPLACE (City and state or country) HIGBEE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME ADY L. BARRON		
14. MOTHER'S MAIDEN NAME FANNIE MARFIELD			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. NONE			17. INFORMANT STATE HOSP. #1, FULTON, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL APAPLEXY.  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 334x		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STATE HOSPITAL #1		20f. CITY, TOWN, OR LOCATION COUNTY STATE 11-3-56 11-13-56	
21. I attended the deceased from _____ to _____ Death occurred at 9:15 AM _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. J. McCarthy M.D.			22b. ADDRESS STATE HOSP. #1, FULTON, MO.		22c. DATE SIGNED 11-13-56
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Nov-13-1956	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		23d. LOCATION (City, town, or county) (State) Columbia Mo
24. FUNERAL DIRECTOR Carner Funeral Service, Columbia, Mo		ADDRESS Nov-17-1956		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Maritta Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

01453

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ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS  
MAY 19 1960

FEB 19 1960

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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.....  
*Paul L. [Signature]*

Licensed Embalmer-No. 41

P. O. Address Columbu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.