

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12068**

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>30</u>   |  | PRIMARY REG. DIST. NO. <u>4038</u>  |  | Registrar's No. <u>223</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Benton</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>WARSAW</u>   |  | c. LENGTH OF STAY (in this place)<br><u>years</u>  |  | c. CITY OR TOWN <u>WARSAW</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>0080</u><br><u>0</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CLYDE</u>  |  | b. (Middle) <u>B.</u>  |  | c. (Last) <u>BARBER</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 6 1957</u>   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>June 19, 1906</u>  |  |
| 9. AGE (In years last birthday) <u>50</u>   |  | 10. KIND OF BUSINESS OR INDUSTRY <u>Maintenance man</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Beggs Okla.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 13a. FATHER'S NAME <u>Ben Barber</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Dotley Crenshaw</u>   |  |
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME  |  | 14. NAME OF HUSBAND OR WIFE <u>Gladys Barber</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> <u>No</u>      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   |  | 16. SOCIAL SECURITY NO. <u>496-63-3828</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Barber</u>  |  | ADDRESS <u>Warsaw, Mo</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory failure</u>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u> |  |   |  | DUE TO (c) <u>unknown</u>  |  |
| 18. CAUSE OF DEATH  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  |   |  | 19. DATE OF OPERATION _____  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY? <u>2</u><br>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)<br><u>Warsaw, Mo</u>  |  | 22. AUTOPSY? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 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>May 6, 1957</u> , to <u>May 6, 1957</u> , that I last saw the deceased alive on <u>May 6, 1957</u> , and that death occurred at <u>6:22 Am.</u> , from the causes and on the date stated above. |  |  |  |   |  | 23a. SIGNATURE <u>Succesally DO 2</u> (Degree or title)  |  |
| 23a. SIGNATURE  |  | 23b. ADDRESS <u>Warsaw, Mo</u>   |  | 23c. DATE SIGNED <u>5/7/57</u>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>MAY 9 1957</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo</u>  |  |
| DATE REC'D BY LOCAL REG. <u>May 9, 1957</u>   |  | REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u> ADDRESS <u>Warsaw</u>   |  |  |  |

0080  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1958

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.....  
Licensed Embalmer No. 4090

P. O. Address Warsaw

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.