

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 021734
STATE FILE NUMBER

FILED JUN 28 1957

Registration District No. 181

Primary Registration District No. 5678

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Rural Waverly Twp</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>Galva</u> Inside Limits 5570 Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H O H E</u> Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>0</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>RUFUS</u> First <u>BARBER</u> Middle <u>—</u> Last			4. DATE OF DEATH <u>May 6</u> 19 <u>57</u> Month Day Year		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Color</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>Nov 1897</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR IF UNDER 24 HRS Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Lincoln Co. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>HORACE BARBER</u>			14. MOTHER'S MAIDEN NAME <u>Maria Luce</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>—</u>		17. INFORMANT <u>Hazel Brown Clarkville</u> Address <u>Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Myocarditis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1 57</u> to <u>May 5-57</u> and last saw her alive on <u>5-1-57</u> Death occurred at <u>3:00 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. M. Mathews M.D.</u> 22b. ADDRESS <u>Bowling Green Mo</u> 22c. DATE SIGNED <u>5-17-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 9 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
23d. LOCATION (City, town, or county) <u>Lincoln Co.</u>		23e. (State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>Grace Bankhead</u> ADDRESS <u>Bowling Green Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Harold C. Kirk

Licensed Embalmer No. *43*

P. O. Address *Bombay*

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.