

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27784**

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Excelsior Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		STREET ADDRESS (If rural, give location) Golf Hill	

3. NAME OF DECEASED (Type or Print)	a. (First) Ray	b. (Middle) Clifford	c. (Last) Barcus	4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (retired)	10b. KIND OF BUSINESS OR INDUSTRY Feed Milling Co.	11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William A. Barcus	13b. MOTHER'S MAIDEN NAME Sarah Gard	14. NAME OF HUSBAND OR WIFE Lottie Lee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 510-07-9875	17. INFORMANT'S SIGNATURE OR NAME Lottie Barcus	ADDRESS Golf Hill, Ex. Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vasculous Disease DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 331x YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May**, 19**57**, to **8-17**, 19**57**, that I last saw the deceased alive on **8-17**, 19**57**, and that death occurred at **12:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Doris Musgrave M.D.	(Degree or title)	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 8-19-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-20-57	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Braymer Missouri
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DATE REC'D BY LOCAL REG. 8-21-57	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Richard Funeral, Inc.	ADDRESS Excelsior Springs, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



NOV 3 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 *Lincoln J. ...*

Licensed Embalmer No. *1450*

Excelsior Springs

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.