

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43336

State File No.

FILED DEC 10 1957

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4546 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>WORTH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WORTH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DENVER MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DENVER MO</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>-</u> c. (Last) <u>BARBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 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>Sept 29 1866</u>		9. AGE (In years of UNDER 1 YEAR of UNDER 10 MIN. last birthday) <u>91</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Clamon Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Brumfield</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Barber</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Barber</u>	
				ADDRESS <u>Denver Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Arteriosclerotic Cardiovascular Disease</u>				<u>10yrs</u>	
ANTECEDENT CAUSES		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>4221</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>Influenza, type undetermined</u>				<u>1 month</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 19⁴⁷ Dec 4, to 19⁵⁷ Dec 3, that I last saw the deceased alive on Dec 3, 19⁵⁷, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matteson M.D.</u> (Name or title)		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>12/4/57</u>	
--	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>December 6-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-1957</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kernit Fran</u>		ADDRESS <u>Denver Mo</u>	

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

1120

135

345

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John Andrews* _____

Licensed Embalmer No. *4211* _____

P. O. Address *Grant City Mo* _____

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 this body is not embalmed, fact should be so stated above.