

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006360
STATE FILE NUMBER

Registration District No. 182 Primary Registration District No. 5686 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn Mo</u>		c. CITY OR TOWN <u>Linn Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If outside, give location) <u>yes -</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Guy Barclay</u>		4. DATE OF DEATH Month Day Year <u>March 5 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 17 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>67</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. FATHER'S NAME <u>Daniel W. Barclay</u>	10b. MOTHER'S MAIDEN NAME <u>Martha E. Northcott</u>	10c. NAME OF HUSBAND OR WIFE <u>Ellis G. Barclay</u>	10d. SOCIAL SECURITY NO. <u>no</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	11. INFORMANT <u>Harold W. Thorne</u>	12. INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u>	
13. 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 INFARCTION</u>			13. INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u>
DUE TO (b) <u>CORONARY OCCLUSION</u>			<u>12 HRS.</u>
DUE TO (c) <u>CORONARY THROMBOSIS</u>			<u>12 HRS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		15. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
16. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		16. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
17. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17. CITY, TOWN, OR LOCATION COUNTY STATE	
18. I attended the deceased from <u>May 3 1955</u> to <u>March 5 1958</u> and last saw her/him alive on <u>March 4, 1958</u>		18. DATE SIGNED <u>March 7, 1958</u>	
19. Death occurred at <u>8:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		19. SIGNATURE (Degree or title) <u>Denton Wilson, D.O.</u>	
20. BURIAL, CREMATION, REMOVE (Specify) <u>Burial</u>		20. DATE <u>March 8 - 1958</u>	
21. FUNERAL DIRECTOR <u>Brothers Funeral Home</u>		21. NAME OF CEMETERY OR CREMATORY <u>700 Cemetery Linn Mo</u>	
22. ADDRESS <u>Linn Mo</u>		22. LOCATION (City, town, or county) (State) <u>Linn Mo</u>	
23. DATE RECD. BY LOCAL REG. <u>March 8 - 58</u>		23. REGISTRAR'S SIGNATURE <u>Mrs. Bridie Kelley</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Blake Glidden*

Licensed Embalmer No. *5019*

P. O. Address *Larchmont*

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.