

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017132
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 370 Primary Registration District No. 6255 Registrar's No. 91

S. 300
v. 1-57

110

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIRAM, MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>HIRAM, MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>1110</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRGIE MARIE BARBER</u>			4. DATE OF DEATH Month Day Year <u>APR. 4 1958</u>
5. SEX <u>FEMALE</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>NOV 27, 1912</u>
9. AGE (In years) (of birthday) Months Days Hours Min. <u>45</u> <u>4</u> <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and state or country) <u>HOLCOLMB, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY WHEELING</u>		13b. MOTHER'S MAIDEN NAME <u>SOAPHA BENNETT</u>	
14. NAME OF HUSBAND OR WIFE <u>RICHARD BARBER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT Address <u>H. L. WHEELING 4260 HARRIS LOUIS, MO. ST.</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>medullary Paralysis (Hemorrhage acute into brain stem)</u> DUE TO (b) <u>Hypertension (severe)</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocardial damage Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>		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>Oct 15, 1957</u> to <u>March 27, 1958</u> and last saw her alive of <u>March 27, 1958</u> Death occurred at <u>11:45</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. L. Wheeling, M.D.</u>		22b. ADDRESS <u>Lutesville Mo.</u>	
22c. DATE SIGNED <u>4-9-58</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>4-8-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WESLEY CHAPEL</u>	
23d. LOCATION (City, town, or county) <u>HIRAM MO.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>First Funeral Home Greenville</u>		25. DATE RECD. BY LOCAL REG. <u>April 13, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>			

(Unlicensed Embalmer's Statement on Reverse Side)

FILE NO. _____
APR 15 1958
WAYNE CO. HEALTH CENTER

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E. Bowles.....

..... Licensed Embalmer No. 4426.....
P. O. Address Frederick, Md......

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.