

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035490

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1193

S. 380
1-57
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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Hamilton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 15 days	
3. NAME OF DECEASED (Type or print) First Middle Last Obed Barber		4. DATE OF DEATH Month Day Year November 2, 1958.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 28, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Daviess County, Missouri.
13a. FATHER'S NAME William Barber		13b. MOTHER'S MAIDEN NAME Mina Temmons	14. NAME OF HUSBAND OR WIFE Grace Barber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-10-4805	17. INFORMANT Address Mrs. Grace Barber Hamilton, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Contusions, hemorrhages and edema			INTERVAL BETWEEN ONSET AND DEATH 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9020 21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Left Mandible; Fracture Left Lygoma			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1
20a. ACCIDENT <input checked="" 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.) Fell from tree.	
20c. TIME OF INJURY Hour Month, Day, Year 5 p.m. 10-17-58			
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
		20f. CITY, TOWN, OR LOCATION Hamilton Caldwell Missouri	
21. I attended the deceased from 10-17-58 to 11-2-58 and last saw him alive on 11-2-58 Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21c. SIGNATURE John R. McDaniel MD (Degree or title)		22b. ADDRESS 902 Edmund St, St Joseph	
		22c. DATE SIGNED 11-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 3, 1958.	
		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
		23d. LOCATION (City, town, or county) (State) Hamilton, Missouri.	
24. FUNERAL DIRECTOR Meierhoffer		25. DATE RECD. BY LOCAL REG. Nov. 6, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

All diseases in Part I must be causally related. Use ONLY BLACK INK FOR RIBBON TYPEWRITE IF POSSIBLE.

Dr. John R. McDaniel

MAY 21 1959

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 *Robert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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