

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043270  
STATE FILE NUMBER

30068-58

FILED JAN 12 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1407

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|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>St. Joseph</u> <u>0117</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>MO st Joseph Hosp.</u>   |                                  | Length of stay in lb  | d. STREET ADDRESS <u>3378 So 16th</u> (If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Steven</u> Middle <u>Anthony</u> Last <u>Barron</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>Dec</u> Day <u>30</u> Year <u>1958</u>   |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 14, 1958</u>   |  | 9. AGE (In years last birthday)<br><u>7</u> Months <u>16</u> Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>  | 11. BIRTHPLACE (City and state or country)<br><u>St. Joseph, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Benjamin Barron</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary H. Duran</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>                             |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Benjamin Barron, St. Joseph, Mo</u><br>Address  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>  |                                  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 Days</u>                      |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b)  |   | DUE TO (c) <u>490X</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input 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.)  |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <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>unattended</u> , to <u>12/30/58</u> and last saw her/him alive on _____<br>Death occurred at <u>1:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |
| 22a. SIGNATURE <u>Dr. L.H. Pifer</u>   |                                  |   | 22b. ADDRESS <u>502 Faran St Joseph</u>   |  | 22c. DATE SIGNED <u>1-3-59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>12/31/58</u>     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Olivet Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo</u> |  |
| 24. FUNERAL DIRECTOR<br><u>John E. Lepp</u><br>ADDRESS <u>St. Joseph, Mo</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Jan. 5, 1959</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Clark Goodell</u>                 |  |

All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. L.H. Pifer

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 *John Joseph* .....  
Licensed Embalmer No. *3986* .....  
P. O. Address *Joseph* .....

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.