

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004907

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 59

300
1-57

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Jefferson City</u> 0264 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u> Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>206 Chestnut Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM EDWARD BARGER</u> | | 4. DATE OF DEATH Month Day Year <u>February 28, 1959</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"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 18, 1897</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Army Master Sergeant U.S. Army</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 11. BIRTHPLACE (City and state or country) <u>Milan, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Nora Barger</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>219-32-5072</u> | 17. INFORMANT Address <u>Mrs. Catherine McMikel Jefferson City, Mo.</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>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) <u>4281</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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>28 Feb 59</u> to <u>28 Feb 59</u> and last saw <u>him</u> alive on <u>28 Feb 59</u> Death occurred at <u>330 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>D. P. Stephen, M.D.</u> | | 22b. ADDRESS <u>Jefferson City, Mo.</u> | |
| 22c. DATE SIGNED <u>1 Mar 59</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar. 2, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Victor Buesche</u> | | 25. DATE RECD. BY LOCAL REG. <u>2 March 1959</u> | 26. REGISTRAR'S SIGNATURE <u>R. P. Norris, M.D. - M.R.</u> |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1956
5 11/12

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 *Victor Buesche*

Licensed Embalmer No. *3701*

P. O. Address *Jen*

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.