

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014004
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elsberry		c. CITY OR TOWN Elsberry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) North Fourth St	
3. NAME OF DECEASED (Type or print) Levi Barber		4. DATE OF DEATH April 30, 1959	
5. SEX male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Aug. 21, 1880
10a. USUAL OCCUPATION (Give kind of work done during last working life) Former working life Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years) Set birthday 78
11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Inez Riggs (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ☒ No ☐ unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Betty Baskett	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION 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) 4201		INTERVAL BETWEEN ONSET AND DEATH 1 day	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bowling Green, Pike, Mo.	
21. I attended the deceased from 4-29-59 to 4-30-59 and last saw him alive on 4-29-59 Death occurred at 6:45 A M on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. J. C. Elsberry, M.D.	
22b. ADDRESS ELSBERRY, MO		22c. DATE SIGNED 4/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/2/1959	23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	23d. LOCATION (City, town, or county) (State) Bowling Green, Pike, Mo.
24. FUNERAL DIRECTOR Clifton Miller Elsberry, Mo.		25. DATE RECD. BY LOCAL REG. 5/9/1959	
26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 12 1959

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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

Clifton Miller

Licensed Embalmer No. *3364*

P. O. Address *Elaberry, N.C.*

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.