

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020611
State File No.

FILED JUN 16 1959

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 204

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (if outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>1 hr.</u> d. FULL NAME OF (if not in hospital or institution, give street address or location) <u>Cape Osteopathic Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Lake</u> c. CITY OR TOWN <u>Gary</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) <u>Unnamd</u> c. (Last) <u>BARGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>	8. DATE OF BIRTH <u>May 31, 1959</u>
9. AGE (In years last birthday) <u>newborn</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. <u>38</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Homer Terrel Barger</u>	
13b. MOTHER'S MAIDEN NAME <u>Hilda Augusta Bisher</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hilda (Bisher) Barger</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature infant 5 weeks old</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7735</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-31-59</u> , 19 <u>59</u> , to <u>6-1-59</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>6-1-59</u> , 19 <u>59</u> , and that death occurred at <u>12:01A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>1</u>		23b. ADDRESS <u>Wyatt, Missouri</u>	
23c. DATE SIGNED <u>6-2-59</u>			
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>6-1-59</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>		24d. LOCATION (City, town, or county) (State) <u>East Grand Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

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 Not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Shelby

Licensed Embalmer No. 27

P. O. Address East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.