

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028954**

**FILED VS AUG 21 1959**

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

3889

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>1 hr.</u>		c. CITY OR TOWN <u>Marshall</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 W NW Marshall</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>JOSEPH ANTHONY BARR</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Aug. 8, 1959</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>7-5-1959</u>		<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>3</u> Hours <u>3</u> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Saline, County, Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>Joseph Barr</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Kopp</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>X</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT</b> Address <u>Joseph Barr R3 Marshall, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u>							INTERVAL BETWEEN ONSET AND DEATH		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour . Month, Day, Year a.m. p.m.									
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21.</b> I attended the deceased from <u>7-5-59</u> to <u>8-8-59</u> and last saw her alive on <u>8-8-59</u> Death occurred at <u>12:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Deceased or title) <u>James A Reid M D</u>				<b>22b. ADDRESS</b> <u>Marshall, Missouri</u>			<b>22c. DATE SIGNED</b> <u>8-9-1959</u>		
<b>23a. BURIAL CREMATION</b> <u>Burial</u>		<b>23b. DATE</b> <u>8-10-1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Ridge Park Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Marshall, Missouri</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sweeney-Reser Funeral Home</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-11-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Mitchell</u>			

DOCUMENT

MEDICAL CERTIFICATION

James A. Reid

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. [Signature]  
Licensed Embalmer No. 453  
P. O. Address Kansas

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.