

FILED VS OCT 19 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-035069

STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 201

1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO, MO				c. CITY OR TOWN Bowling Green		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County				Length of stay in lb 0820		d. STREET ADDRESS (If outside, give location) 0	
3. NAME OF DECEASED (Type or print) First Middle Last CLAY NORMAN BARGER				4. DATE OF DEATH Month Day Year Oct. 9 1959			
5. SEX M		6. COLOR OR RACE W		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 29 Aug. 1880	
9. AGE (In years less birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIRE CHIEF		11. BIRTHPLACE (City and state or country) Bowling Green, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Penn Barger				13b. MOTHER'S MAIDEN NAME ARENA ZumaIt		14. NAME OF HUSBAND OR WIFE LAURA BARGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 494-10-2819		17. INFORMANT Address Bowling Green Mo Mrs. Laura Barger	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure						INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Cerebral metastasis from						1 week	
DUE TO (c) Carcinoma of Tongue						8 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1419						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 June 1959 to present and last saw him alive on 10.9.59 Death occurred at 9.35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Laurie K. Crple MD (Degree or title)				22b. ADDRESS Mexico, Missouri		22c. DATE SIGNED 10.9.59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		Oct 9, 1959		Bowling Green Cemetery		Bowling Green Mo	
24. FUNERAL DIRECTOR J. W. Butler - Bowling Green Mo				25. DATE RECD. BY LOCAL REG. Oct 9-1959		26. REGISTRAR'S SIGNATURE Blanche Neely	

OCT 26 1956

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 W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.