

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036871

FILED VS NOV 10 1959

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. Registrar's No. 29

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Jefferson Township</u>		Length of stay in lb <u>22 yrs</u>		c. CITY OR TOWN <u>Rural Belle</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>Smaller S.W. Belle-Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Edward</u> Last <u>Barbarich</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>30</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-29-1892</u>	
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>		IF UNDER 24 HR Hours <u>30</u> Min. <u>00</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and state or country) <u>Maries County-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Thomas Barbarich</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hutchinson</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Barbarich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-18-0647</u>		17. INFORMANT <u>Mrs Gene Mitchell - Belle-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>Coronary Occlusion</u> DUE TO (b) <u>7</u> DUE TO (c) <u>30 min</u> Interval between ONSET AND DEATH <u>30 min</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)			
20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>59</u> Month, Day, Year <u>Oct 30, 59</u>							
20d. INJURY OCCURRED WHILE AT WORK <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>1:30</u> <u>Oct 30, 59</u> and last saw him alive on <u>Oct 30, 59</u> Death occurred at <u>1:30</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. H. Johnson</u>		(Degree or title)		22b. ADDRESS <u>Belle, Mo</u>		22c. DATE SIGNED <u>10/31/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Nov 2-1959</u>		23c. NAME OF CEMETERY OR CROSSING <u>Campbell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Maries County - Mo.</u>	
24. FUNERAL DIRECTOR <u>Charles S. Sasser</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 4 1959</u>		26. REGISTRAR'S SIGNATURE <u>Marjorie Hutchinson</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cherita Sassman

Licensed Embalmer No. 4178

P. O. Address Bland-

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.