

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002496

FILED VS. JAN 25 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3301 market st Longs Rest Home				d. STREET ADDRESS (If outside, give location) Longs Rest Home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DELLA Middle BAREIS Last BAREIS			4. DATE OF DEATH Month January Day 10 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 29, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 2 Days 11	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hart County Kentucky		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Grissam Lee			13b. MOTHER'S MAIDEN NAME Mary Alice		14. NAME OF HUSBAND OR WIFE George Bareis (Deceased 46)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xx		16. SOCIAL SECURITY NO. 496-22-0049		17. INFORMANT Robert Bareis Hannibal Missouri Address			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage - DUE TO (b) Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 days -	
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 checked="" 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 Month, Day, Year 							
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 7 Jan 1960 to 10 Jan 1960 and last saw her/him alive on 10 Jan 1960 Death occurred at 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter Herman M.D. (Degree or title)				22b. ADDRESS Hannibal Missouri		22c. DATE SIGNED 1/12/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/12/1960	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) Hannibal Missouri		(State)	
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri ADDRESS			25. DATE RECD. BY LOCAL REG. 1/13/60		26. REGISTRAR'S SIGNATURE Dr. E.M. Luchby Lillian M. Herman		

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

Student _____
Signature of Student Embalmer

Signed John S. Mans

Licensed Embalmer No. 4540

P. O. Address Hannibal Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.