

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

**-60-039003**

FILED VS NOV 10 1960

Registration District No. 209 Primary Registration District No. 2043 Registrar's No. 431

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long's Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>1607 Gordon</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>BAREIS</u> Last <u>BAREIS</u>	4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1960</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/6/1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 24 HR Hours <u>20</u> Min.
--------------------	-------------------------------	---	----------------------------------	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wood working Co.</u>	11. BIRTHPLACE (City and state or country) <u>Gaildorf Germany</u>	12. CITIZEN OF WHAT COUNTRY
--	---	--	-----------------------------

13a. FATHER'S NAME <u>George Bareis</u>	13b. MOTHER'S MAIDEN NAME <u>Christina</u>	14. NAME OF HUSBAND OR WIFE <u>Hermine Ahlersm Bareis</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.	17. INFORMANT <u>Eugene A. Bareis</u> Address <u>Hannibal Missouri</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>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>	
	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

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 <u>10</u> a.m. Month, Day, Year <u>10/29/1960</u>
---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Hannibal</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>
---	--	---

21. I attended the deceased from 10 Oct 1960 to 26 Oct 1960 and last saw her alive on 15 Oct 1960  
Death occurred at 11:57 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wynell Hamlin MD</u>	22b. ADDRESS <u>Hannibal mo</u>	22c. DATE SIGNED <u>10/27/60</u>
--	---------------------------------	----------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/29/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>W. Crawford Smith</u> ADDRESS <u>Hannibal Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11/1/60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luch by William M. Herman</u>
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

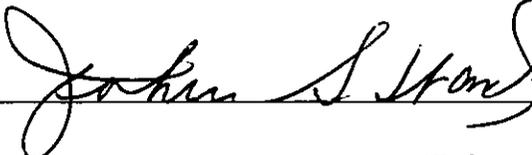
BY AFFIDAVIT OF

**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 \_\_\_\_\_



Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.