b. CITY (if ourside corporate limits, give TOWNSHIP only)   Length of stay in 1b   C. CITY   Weeks   TOWN   Richmond   Length of stay in 1b   C. CITY   Weeks   TOWN   Richmond   Length of stay in 1b   C. CITY   Weeks   TOWN   Length of stay in 1b   C. CITY   Weeks   TOWN   Length of stay in 1b   C. CITY   Weeks   TOWN   Length of stay in 1b   C. CITY   Weeks   TOWN     Length of stay in 1b   Length of stay in			-		ā a y				2 114	<b>?7</b> .		28		STATE FILE NU	JMBÉR
1. PLACE OF BRAIN  RAY  COUNTY	ENDED	eri.	l en		2 7 / 564	Prima	ry Registration	Distri	ct No <b>D_</b>	2Reg	istrar's No.	<i>a. b</i>			
B. CHY (if orbitale coposate limits, give lowership only)   Length of stay in b   Length of stay in stay in stay in the stay in stay in the stay in stay in the st		1	1.	PLACE OF DEATH	Ray	·							deceased live	d. If institution:	Residence bef admission)
NAME OF DECEASED   First   Marshall   Barger   DATE   Marshall   Barger   DATE   Marshall   Barger   DATE   Marshall   DATE   DATE   Marshall   DATE   DAT				OP	· _ ·	give TOWNSH	(IP only)	i		c. C()	R R				Inside Limit
Marshall   Barger   Death February 25, 15   Sex   Male   Maried   Never Married   Barger   Death February 25, 15   Marshall   Sex   Male   Mitter				c. FULL NAME OF (IF HOSPITAL OR INSTITUTION E.1)	not in hospite n Park	Rest	Home				DRESS.	iles			Reside on Fa
S. SEX		†	3		Fi	rst		Middle	<u>,                                     </u>	Last		4. DATE	Mor	nth Day	Year
Male Wildowed Divorced 11-1877 83 Month Pays Hours    Ja. USUAL OCCUPATION (Give kind of work done)   June 1982		Н		(Type or print)	Marshall		.1	Barg		er DEA		DEATH	Tebruary 25,		1961
Total Conditions, if any, which give it is to above cause (a), staining the unit is as programmy in the date stated above, and to the best of my knowledge, from the causes tall to appear or interest of the unit work of the causes tall to appear or interest of the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my knowledge, from the causes tall to appear to the date stated above, and to the best of my				Male	Whit	te	Widowed		Divorced 🗖	4-1-	-1877	83			
Robert Owen Barger  15. WAS DECEASED EVER IN U.S. ARRED FORCES? (Yes, no. og vinhown) (if yes, give war or dates of service)  NONE  Mabel Crum, Richmond, Missouri  Address  None  Mabel Crum, Richmond, Missouri  INTERVAL ONSET AN  IMMEDIATE CAUSE (a)  Locarditions (cause Det line for (a), (b), and (c).  Conditions of the terminal part in or about most refered to the terminal part in or part in				during most of working Farming	g life, even if					Virs				USA	
15. WAS DECEASED EVER IN U.S. ARRED FORCESS (Yes, no. or unknown) (if yes, give war or dates of service)  NONE  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPSY (Ven, no. or unknown) (if any, which gave rise to above cause (a), stating the underlying cause liat.  19. WAS AUTOPSY (Ven, no. or unknown) (in the per line) (in the		Н	13			_				WE	<del></del>	14	. NAME OF	USBAND OR WIFE	
(Yes, no, or unknown) [If yes, give war or dates of service)  NONE    NONE   Mabel Crum, Richmond, Missouri		H	-15							T IZ INFO	DMANT				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)			(Ye	es, no, or unknown) [ (If	yes, give war (	or dates of se	rvice)		SECURITI NO.			D.ª		•	
IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), staining the under lying cause last. Due TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not grated to the terminal personancy in la disease condition given in PART II of item personancy in the personancy in personancy in the personance in the personanc		<u> </u>	$\neg$	18. CAUSE OF DEATH	(Enter only one	e cause per li	ne for (a), (b),	<u>) 116</u> apd (6	:).	luane:	<u> oru</u>	m, nl	cumono	IN	TERVAL BETV
DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not refered to the terminal part ii. other a pregnancy in la disease condition given in PART II of Item  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not refered to the terminal part ii. other a pregnancy in la there a pregnancy in la preg	H.	Ē		PART I.			d'I	/		-	2/2		A	, o	NSET AND DE
above cause (a).  stating the under- lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If decessed was fer there a pregnancy in la there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a pregnancy in la prescribed to the terminal part II. If decessed was fer there a prescribed to the terminal part II. If decessed was fer there a		DOCU		Conditio	ns, if any, )			H	ln	utr	- "T			II CAPOCA	
disease condition given in PART I (a)    There a pregnancy in la				above of stating t	ause (a), he under-	DUE TO (c)		Z	( in	ria	J	om	Lec	alute	
20c. TIME OF Hou Month, Day, Year INJURY OCCURED a.m. p.m.  20d. INJURY OCCURED WHILE AT WORK DOT WORK DOT WHILE AT WORK DOT WHILE AT WORK DOT WORK DOT WHILE AT WORK DOT WORK			CATION	PART II.	OTHER SIGN disease condi	IFICANT COI tion given in	NDITIONS CO PART I (a)	NTRIB	UTING TO DEA	TH but not.	related to	the termina	PART I	there a pregna	ncy in last 90
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while at work   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  22. and last saw him alive on   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  23. and last saw him alive on   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  24. FUNETAL DIRECTOR   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE				PERFORMED?				20	ъ. DESCRIBE НО	YRULINI WC	OCCURRED.	(Enter natur	e of injury in	PART I or PART II	of item 18.)
WHILE AT WORK   farm, factory, street, office bldg., etc.)  21. I attended the deceased from the causes state   farm, factory, street, office bldg., etc.)  Death occurred the deceased from the causes state   farm, factory, street, office bldg., etc.)  Death occurred the deceased from the causes state   farm, factory, street, office bldg., etc.)  Death occurred the deceased from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes state   farm on the date stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, farm on the date stated above, and to the best of my knowledge, farm on the date stated above, and to the best of my knowledge, farm on			MEDICAL	INJURY a.m.	Month, Day	, Year		•				•			
Death occurred at the causes state above, and to the best of my knowledge, from the causes state above, and the cause above, and the cause state above, and the cause above, and the c				WHILE AT WORK	п !	Oe. PLACE O farm, fac	F INJURY (e.c	ffice b	r about home, dg., etc.)	20f. CITY, 1	TOWN, OR	LOCATION		COUNTY	STA
23s. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State Burial 2-27-1961 Woodland Richmond, Missout 24. Funeral director Address 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE					eased from	lan	3.00	A	n on th	25 -	. ,			2-23	auses stated.
				22a. SIGNATURE	Van	(Degre	1	2/1	18.	1/5	ESS.	hm	and		22c. DATE S
		\FFIDA\	0	Burial		1961	Wood		ıd		F	lichmo	ond.	Mis	(State)
		-	24	FUNERAL DIRECTOR		ADDRE	:55		[ 25. DA	JE RECD. BY	LOCAL RE	ს.   26. RI	GISTRAR'S SI	GNATURE	

## STATEMENT BY LICENSED EMBALMER

I hereby ce	ertify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by m
or by		, Student Embalmer No
working under my	personal supervision.	• ·
Student	45 20 20	Signed Thomas g. Carter
	Signature of Student Embalmer	
		Licensed Embalmer No 141714

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).

P. O. Address Richmond, Mo.

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.