

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007562

FILED VS MAR 13 1961

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 154

STATE FILE NUMBER

AMENDED

DATE AMENDED
4/14/61
4/14/61

INSTEAD OF

8 & 9 July 21, 1887 & 73 yrs.
14 Cora Blanche Barr

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF Fun. Dir.

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>32 hrs</u>	c. CITY OR TOWN <u>Iberia</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>UNIVERSITY HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William EARL BARR</u>			4. DATE OF DEATH Month Day Year <u>3 4 1961</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>7-21-1887</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	
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>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Iberia, Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALEXANDER BARR</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pedleton</u>		13c. NAME OF HUSBAND OR WIFE <u>Cora Blanche BARR</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>UNKNOWN</u>	17. INFORMANT <u>Hospital Record Columbia</u>			Address <u>Ummc</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>Shock</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cachexia & Malnutrition</u>					<u>4 weeks</u>	
DUE TO (c) <u>Miliary tuberculosis</u>					<u>6 months</u>	
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 a.m. p.m. 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 <u>2 March '61</u> to <u>4 March '61</u> and last saw him alive on <u>4 March '61</u> Death occurred at <u>8:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>J. M. Mardian, D.</u>			22b. ADDRESS <u>Columbia Mo</u>		22c. DATE SIGNED <u>3-4-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		23d. LOCATION (City, town, or county) <u>Iberia Mo.</u>		
24. FUNERAL DIRECTOR <u>J.A. Humphrey</u>		ADDRESS <u>Iberia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1961

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

J. P. Humphrey

Licensed Embalmer No.

4772

P. O. Address

Berlin, Mo

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.