SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012414
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 101

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b: 3 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kirksville Osteopathic Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Green City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Dale — Middle ----- — Last Barr
4. DATE OF DEATH: Month April 5, Day 1961, Year

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-1915
9. AGE (last birthday): 45 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (City and state or country): Green City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Bert Barr
13b. MOTHER'S MAIDEN NAME: Florence Cranell
14. NAME OF HUSBAND OR WIFE: Jauniata Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
17. INFORMANT Address: Mrs. Jauniata Barr, Green City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery thrombosis — 15 min
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Reticulum Cell Sarcoma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 24, 1961, to April 5, 1961 and last saw him alive on April 5, 1961
Death occurred at 7:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Gutensohn DO
22b. ADDRESS: Kirksville Mo
22c. DATE SIGNED: 4-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-8-1961
23c. NAME OF CEMETERY OR CREMATORY: Green Castle Cemetery
23d. LOCATION (City, town, or county) (State): Green Castle, Mo.

24. FUNERAL DIRECTOR ADDRESS: Glenn E. Kent & Son, Green City, Mo.
25. DATE RECD. BY LOCAL REG.: 4-12-1961
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

APR 18 1961

NOV 14 1967

M. T. GUTENSOHN, D.O.

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.