SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022068
STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 1914 Registrar's No. 73

FILED JUN 28 1961

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

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brazeau township — Length of stay in 1b: 67 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: James Middle: E Last: Barber
4. DATE OF DEATH: Month: June Day: 16 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-10-1888
9. AGE (last birthday): 73 — 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): Railroad
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dexter Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Barber
13b. MOTHER'S MAIDEN NAME: Katherine Nellis
14. NAME OF HUSBAND OR WIFE: Lillian Byrd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Doris Rhodes Address: Perryville Rte. 3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
DUE TO (b): Chronic Myocarditis — 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Metastatic Carcinoma - Colon
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 Jan 21st 1961 to June 16, 1961 and last saw ~~her~~ him alive on June 16th, 1961
Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Theodore Fischer, M.D.
22b. ADDRESS: Altenburg Mo
22c. DATE SIGNED: 6-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-20-1961
23c. NAME OF CEMETERY OR CREMATORY: Brazeau
23d. LOCATION (City, town, or county) (State): Brazeau Mo.
24. FUNERAL DIRECTOR ADDRESS: Youngjohns Perryville Mo
25. DATE RECD. BY LOCAL REG.: 6-20-61
26. REGISTRAR'S SIGNATURE: Jos J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsuil

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