

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-041713

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 397

**FILED NOV 21 1961**

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANNIBAL</u>		Length of stay in 1b <u>33 years</u>	c. CITY OR TOWN <u>HANNIBAL</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ELIZABETH</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>722 PINE ST.</u>
3. NAME OF DECEASED (Type or print) First <u>COLLINS</u> Middle <u>EDWARD</u> Last <u>BARE</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>11</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>CAU.</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>NOV 2, 1877</u>
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>FARMING</u>	9. AGE (last birthday) <u>90</u>
13a. FATHER'S NAME <u>Joseph BARE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH Adams</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</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>		14. NAME OF HUSBAND OR WIFE <u>BESSIE V. BARE</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ryland Capps</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>Cerebral Arterial Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Artemia</u>		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>Oct 1, 1961</u> to <u>Nov. 11, 1961</u> and last saw him alive on <u>Nov. 10, 1961</u> Death occurred at <u>7:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>ST. ELIZABETH HOSP. HANNIBAL, MO.</u>	22c. DATE SIGNED <u>11/11/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 11, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VICTOR CEMETERY</u>	23d. LOCATION (City, town, or county) <u>VICTOR Mo.</u>
24. FUNERAL DIRECTOR <u>E. H. Agnew Funeral Home, PARIS, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 13, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Lillian M. Norman</u>

NO. 3, 1917  
LAD. 1248

**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 *E. H. Agnew*

Licensed Embalmer No. 4000  
P. O. Address Paris, 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.