

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001094

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 169 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Missouri</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in 1b <u>0yrs</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>1529 N. Jefferson</u>		d. STREET ADDRESS (If outside, give location) <u>1529 N. Jefferson</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Humphrey</u> Last <u>Barr</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>27</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/31/1865</u>	9. AGE (last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Springdale, Ark</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Frank Bain</u>		13b. MOTHER'S MAIDEN NAME <u>Boyd</u>		14. NAME OF HUSBAND OR WIFE	

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.	17. INFORMANT <u>Mrs. Roger Reed</u>	Address <u>Springfield, Mo</u>
---	-------------------------	---	-----------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>25 yrs</u>
DUE TO (b) <u>gen. arteriosclerosis</u>		
DUE TO (c)		
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"/>	20. ACCIDENT <input checked="" 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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>
---	---	--	--

21. I attended the deceased from 8-20-61 to 1-25-62 and last saw her/him alive on 1-25-62.
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Don Menechet MD</u>	22b. ADDRESS <u>1670 N Jefferson</u>	22c. DATE SIGNED <u>2-7-62</u>
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/28/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rogers, Ark</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Miller-Sisco</u>	ADDRESS <u>Pea Ridge, Ark</u>	25. DATE RECD. BY LOCAL REG. <u>2-7-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>
---	----------------------------------	---	---

DATE AMENDED

 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

 INSTEAD OF

 DOCUMENT

 MEDICAL CERTIFICATION

 BY AFFIDAVIT OF

 ITEM NO. SHOULD READ

SEP 11 1962

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 Billy B. Sisco

Licensed Embalmer No. 281

P. O. Address Pls Ridge Ark

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.