

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005436

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 403Y Registrar's No. 30

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HUME		c. CITY OR TOWN HUME	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 4 YRS.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CECIL Middle WARD Last BARBER			4. DATE OF DEATH Month FEB. Day 7 Year 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 9, 1903	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GOVT	10b. KIND OF BUSINESS OR INDUSTRY MAIL HANDLER	11. BIRTHPLACE (City and state or country) LABETTE County, KAN	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME NOVA BARBER	13b. MOTHER'S MAIDEN NAME MARGRET SHARP	14. NAME OF HUSBAND OR WIFE MILDRED BARBER, HUME	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 	17. INFORMANT MILDRED BARBER, HUME, MO Address
---	---------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH 10 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY OCCLUSION 3 YRS
	DUE TO (c) ARTERIOSCLEROSIS 4 YRS

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 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 **MAY 1961** to **FEB 7 1962** and last saw him alive on **FEB 7 1962**
Death occurred at **2:15** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. F. Stalowski D.O.	22b. ADDRESS Hume Mo	22c. DATE SIGNED 2-9-62
--	-----------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY RICHLAND CEMETERY	23d. LOCATION (City, town, or county) (State) RICHARDS MO
---	--------------------------------	---	--

24. FUNERAL DIRECTOR Rogers Funerals Home, HUME, Mo.	25. DATE RECD. BY LOCAL REG. 2-10-62	26. REGISTRAR'S SIGNATURE Norman J. Wilson
---	---	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 23 1962

MAR 16 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 Richard L. Logan

Licensed Embalmer No. 4953

P. O. Address Home, 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.