

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015606

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 487

FILED APR 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b | c. CITY OR TOWN Springfield |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1018 S. Fremont | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1018 S. Fremont |
| 3. NAME OF DECEASED (Type or print) First DELLA Middle KIRBY Last BARRY | | 4. DATE OF DEATH Month March Day 30 Year 1963 | 5. SEX Female |
| 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 July 1, 1882 | 9. AGE (last birthday) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Kansas |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Charles H. Kirby | |
| 13b. MOTHER'S MAIDEN NAME Julia Varble | | 14. NAME OF HUSBAND OR WIFE Floyd M. Barry | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Floyd M. Barry, Springfield, Mo. | | 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia 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 (a) Cerebral Arteriosclerosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 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>3/18/63</u> to <u>3/30/63</u> and last saw her ^{her} alive on <u>3/26/63</u> . Death occurred at <u>7:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Registrar or title) Harold H. Lume, MD | | 22b. ADDRESS 600 S. Kenstone Springfield, Mo. | 22c. DATE SIGNED 4/9/63 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 2, 1963 | 23c. NAME OF CEMETERY OR CREMATOR White Chapel | 23d. LOCATION (City, town, or county) Springfield, Missouri |
| 24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-16-63 | 26. REGISTRAR'S SIGNATURE Effie S. Meets |

USE BLACK INK OR TYPEWRITER RIBBON

APR 22 1963

4-1-63

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.