

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016570

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 78

STATE FILE NUMBER

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in 1b <u>15 min.</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Louise G. Wallace Hosp.</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>1430 Rutger St.</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Floyd</u> Last <u>Barr</u>		4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>10-27-41</u>
9. AGE (last birthday) <u>21 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>self employed</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Floyd Barr</u>		13b. MOTHER'S MAIDEN NAME <u>Mae (unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Wanda Burns Barr</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> <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Personal records</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>Fractured skull</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 (a). PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
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.) <u>Train-car collision</u>	
20c. TIME OF INJURY Hour <u>1:25</u> a.m. Month, Day, Year <u>4-13-63</u>	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.) <u>R.R. tracks</u>		
20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u>		COUNTY <u>Laclede</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-13-63</u> to <u>4-13-63</u> and last saw him alive on <u>4-13-63</u> Death occurred at <u>2:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. B. Hurst M.D.</u>		22b. ADDRESS <u>255 N. Adams, Lebanon, Mo.</u>	22c. DATE SIGNED <u>4-15-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4-17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Camden County, Missouri</u>
24. FUNERAL DIRECTOR <u>J. J. Shadel</u> ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-1963</u>	26. REGISTRAR'S SIGNATURE <u>Willa L. May</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/596535222934 05 167 08 29 X1011 05312 1-013 1-0

ITEM NO.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Permit secured - 4-17-1963 - H. R. H.