MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 3 Registration District No. Primary Registration District No. \_Registrar's No DO NOT WRITE AMENDED FILED IIII 2 9 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH COUNTY a. STATE **b.** COUNTY VS 300 admission) AMENDED b. CITY (if outside corporate limits, give TOWNSHIP only) Hanry Rev. 4/59 c. CITY Length of stay in 1b Inside Limits OR OR TOWN TÖWN 53 Inaida Limita No 🗆 Deanwater Deenwater c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If outside, give location) Reside on Farm HOSPITAL OR **ADDRESS** Yesse No □ City Yes 🛄 No 📺 Deepwater 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year (Type or print) OF DEATH Andrew Barger Julv <u> 1963</u> <u>Morris</u> 0 IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (last birthday) 5. SEX 6. COLOR OR RACE 7. Married Never Married [ 8. DATE OF BIRTH Months Hours Widowed □ Divorced **-1888** 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Clay Mfg Products Hickory Co Machinist Ō 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE ច្ច <u>Fannie M Barger</u> Miller Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) 9332X Fannie Barger Deepwater Mo 18. CAUSE OF DEATH (Enter only one cause per line for ARE INTERVAL BETWEEN DOCUMENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 RECORD IMMEDIATE CAUSE (a) ō 11 NSTEAD Conditions, if any, DUE TO (b) 12 Ü which gave rise to above cause (a), THI stating the under-13 **-**0 lying cause last. DUE TO (c) ő PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING deceased WAS there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes □ No □ Unknown CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES | NO MEDICAL 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. USE BLACK INK COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK *TYPEWRITER* and last saw her alive on. 21. I attended the deceases date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a. SIGNATURE Degree Ö 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATOR 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE AFFIDA Mo Forrest Hill Kansas City Q N Buria: 25. DATE RECD. BY LOCAL REG. ADDRESS 24. FUNERAL DIRECTOR ₩ Dunning Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
itudent	_ Signed Applest L Alenning
Signature of Student Embalmer	
	Licensed Embalmer No
	P. O. Address Clinton m

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.

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