

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9582

FILED MAR 23 1953

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) CLINTON		c. LENGTH OF STAY (in this place) *		c. CITY (If outside corporate limits, write RURAL and give township) Clinto 0422		d. STREET ADDRESS (If rural, give location) 528 S McClane 0	
3. NAME OF DECEASED (Type or Print) JEFFERSON				b. (Middle) BARGER		c. (Last) BARGER	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1953		5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Dec. 21, 1881		9. AGE (In years last birthday) 71		10. MONTHS 2		11. DAYS 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Salvage		11. BIRTHPLACE (City and State or Foreign Country) Missouri U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Barger		13b. MOTHER'S MAIDEN NAME REBECCA HOOD		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs S A Levitt Sacramento Calif.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sclerosis of liver with aedema</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1951</u> , to <u>3-16</u> , 1953, that I last saw the deceased alive on <u>3-15</u> , 1953, and that death occurred at <u>11:42 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>Do.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>3/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinto Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 18 53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		ADDRESS <u>Funeral Home</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>Clinton Mo</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

472

MAR 27 1953

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 _____
Student Embalmer

Signed

F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Md

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 this body is not embalmed, fact should be so stated above.