

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21914

State File No.

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 31

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) 11 days	c. CITY OR TOWN Calhoun RR#1
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp.		STREET ADDRESS (If rural, give location) Rural - Leesville Twsp.	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Adam	c. (Last) Barbre	4. DATE OF DEATH (Month) (Day) (Year) July 21 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Businessman	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Carmi, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Barbre	13b. MOTHER'S MAIDEN NAME Nancy Brown	14. NAME OF HUSBAND OR WIFE Dora Barbre
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490-12-1234	17. INFORMANT'S SIGNATURE OR NAME James Barbre (Son)	ADDRESS Clinton, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CIRCULATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MYOCARDIAL INFARCTION		8 hrs
DUE TO (c) CORONARY OCCLUSION				8 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hemorrhagic Duodenal ulcer		

19a. DATE OF OPERATION 7-14-55	19b. MAJOR FINDINGS OF OPERATION A large bleeding duodenal ulcer	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 7-11- 1955 to 7-21, 1955, that I last saw the deceased alive on 7-21-, 1955, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Sunderwith P.O.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 7-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23, 55	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton, Missouri
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DATE REC'D BY LOCAL REG 7-23-55	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conahan	ADDRESS Clinton, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1955

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.....
Eugen R. Conales

Licensed Embalmer No. *46*
P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.