

10.300
0.48

FILED SEP 24 1949

STANDARD CERTIFICATE OF DEATH 3010

State File No. 29513

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 53 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY? 114	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fourth worth	
c. LENGTH OF STAY (In this place) 9 hrs		d. STREET ADDRESS (If rural, give location) 501 E Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) RICHARD c. (Last) BARRON			4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1949		
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5. SEX Male		6. COLOR OR RACE Mexican		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid		8. DATE OF BIRTH July 22-1949		9. AGE (In years last birthday) 7 ^{IF UNDER 1 YEAR} Months 1 Days 22 ^{IF UNDER 4 HRS.} Hours 2 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eng			10b. KIND OF BUSINESS OR INDUSTRY Marshall Michigan			12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Alford Barron		13b. MOTHER'S MAIDEN NAME Cousell Robles		14. NAME OF HUSBAND OR WIFE _____	
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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) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robles Barron ADDRESS Fourth worth Tex	
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; asthma; etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALNUTRITION & ANEMIA		INTERVAL BETWEEN ONSET AND DEATH ? 5 WKS.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		293A	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION NONE		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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **13 Sept, 1949**, to **14 Sept, 1949**, that I last saw the deceased alive on **14 Sept, 1949**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jane A. Kinder M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 16 Sept 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 14 1949		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cem		24d. LOCATION (City, town, or county) (State) Popi Girardian Mo	
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DATE REC'D BY LOCAL REG. 9-16-1949		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Sarah care of B. Family ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

16
1
4

RECEIVED 9-19-49

District Health Officer No. 4

District File Number 949-1240

Date Filed _____

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 _____

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