

30747

No. 300
10. 48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19
Meth 3

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>9001</u>		Registrar's No. <u>387</u>																			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Jasper</u>																	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>				c. LENGTH OF STAY (in this place) <u>70 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1924 Moffet Avenue</u>																					
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUTIE</u>			b. (Middle) <u>WINGERT</u>			c. (Last) <u>BARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 2, 1949</u>																
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 16, 1879</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shoe Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>															
13a. FATHER'S NAME <u>E.P. Barr</u>				13b. MOTHER'S MAIDEN NAME <u>Clara Wingert</u>				14. NAME OF HUSBAND OR WIFE _____																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.H. Barr 1926 Moffet Ave. Joplin, Mo.</u>																			
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* <u>(a) Thrombosis of right lung - probably cancer -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>												INTERVAL BETWEEN ONSET AND DEATH <u>5-</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								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>8-15</u> , 19 <u>49</u> , to <u>Sept. 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 1</u> , 19 <u>49</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.																									
23a. SIGNATURE <u>Robert L. Meyer M.D.</u>								23b. ADDRESS <u>Joplin Mo.</u>				23c. DATE SIGNED <u>9/7/49</u>													
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>September 3, 1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Co metery</u>				24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>													
DATE REC'D BY LOCAL REG. <u>9-7-49</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>																	

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

RECEIVED 9-23-49

Jasper County Health Office

County File Number 49-9-718

Date Filed 9-24-49

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 _____

Charles E. Frey

Student Embalmer No. 325

working under my personal supervision.

Student Charles E. Frey
Student Embalmer

Signed Jesse P. Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin, Mo.

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.