

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 24 1950

State File No. 12557
Registrar's No. 346-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</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>Springfield</u>		c. LENGTH OF STAY (In this place) <u>40 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leon</u>	b. (Middle) <u>Elmer</u>	c. (Last) <u>Barr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 29, 1924</u>	9. AGE (In years last birthday) <u>25</u>	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frances A. Barr</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Lacey</u>	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) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>- - -</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O'Reilly VA Hospital Records, Springfield, Mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laryngitis, tuberculosis</u>		<u>DOZ X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 March 2, 1950, to April 12, 1950 and that death occurred at 10:55 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Fiske</u> Chief of <u>Professional Service</u>	23b. ADDRESS <u>O'Reilly VA Hospital Springfield, Missouri</u>	23c. DATE SIGNED <u>April 13, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-20-50</u>	REGISTRAR'S SIGNATURE <u>W E Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simpson</u>	ADDRESS <u>Mortuary Webb City, Mo.</u>
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MAY 4 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.

Signed _____

Hawes E. Omer

Signed _____

Student Embalmer

Licensed Embalmer No. 4463

P. O. Address, Wheat City, 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.