

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24529

318

1003

Registrar's No. 6418

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 24529	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) StLouis		c. LENGTH OF STAY (In this place) 22 days		c. CITY (If outside corporate limits, write RURAL and give township) Mexico		0042	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) M		c. (Last) Barbee		4. DATE OF DEATH (Month) (Day) (Year) 7-22-1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-8-1871	9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY religious		11. BIRTHPLACE (State or foreign country) Marshall Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Joshua Barbee			13b. MOTHER'S MAIDEN NAME Mary Morrows		14. NAME OF HUSBAND OR WIFE unk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Barbee Excelsior Spgs Mo ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Hyperplasia Myocardium ANTECEDENT CAUSES Aborid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Arteriosclerosis Myocardium DUE TO Previous Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O!					
22. I hereby certify that I attended the deceased from 6-29 , 19 50 , to 7-22 , 19 50 , that I last saw the deceased alive on 7-22 , 19 50 , and that death occurred at 525 p. from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) Mrs.				23b. ADDRESS 458 Woodlawn		23c. DATE SIGNED July 24 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) 4		24b. DATE 7-25-50		24c. NAME OF CEMETERY OR CREMATORY Marshall		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. JUL 27 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.			

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

SEP 29 1950

ST-70

APR 26 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Van M Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address StLouis Missouri

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.