

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33114

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 114					
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Dunklin							
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kennett		c. LENGTH OF STAY (in this place) 56 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		0352					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 705 West vine St.							
3. NAME OF DECEASED (Type or Print) a. (First) Morgan			b. (Middle)		c. (Last) Barham		4. DATE OF DEATH (Month) (Day) (Year) Oct. 8-1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH July 19-1894		9. AGE (In years last birthday) 56			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Blind Signs		11. BIRTHPLACE (State or foreign country) Kennett Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME C.J. Barham			13b. MOTHER'S MAIDEN NAME Ada Morgan			14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ada Barham 705 W. Wine St Kennett				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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) All compensated Heart				INTERVAL BETWEEN ONSET AND DEATH 2 wks			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Cerebral Apoplexy				1 year			
DUE TO (c) -				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				334X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		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 Sept 30, 1950, to Oct 8, 1950, that I last saw the deceased alive on Oct 6, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.											
23a. SIGNATURE Haul Baldwin				(Degree or title) M.D.		23b. ADDRESS Kennett Mo.		23c. DATE SIGNED 10-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-50		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) Kennett		(State) Mo.			
DATE REC'D BY LOCAL REG. 10-11-1950		REGISTRAR'S SIGNATURE Carl Husband			25. FUNERAL DIRECTOR'S SIGNATURE Lerta Duvic		ADDRESS Kennett Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-12-50

COUNTY FILE NUMBER 1050-281

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.....

Edgar Hill Ford

Licensed Embalmer No. 4433

Signed.....

Student Embalmer

P. O. Address Kennett mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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