

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

875

FILED JAN 12 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458 Registrar's No. 19

0390
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1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WALNUT GROVE</u>	c. LENGTH OF STAY (If in this place) <u>78 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WALNUT GROVE</u>	0390
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NEVADA</u> b. (Middle) <u>G.</u> c. (Last) <u>BARBEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 2, 1951</u>	
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>October 16, 1872</u>	9. AGE (In years last birthday) <u>78</u>	If Under 1 Year Months <u>2</u> Days <u>16</u>	If Over 1 Year Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A. J. McLEMORE</u>		13b. MOTHER'S MAIDEN NAME <u>DIALTHA ALEXANDER</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK BARBEE</u>	
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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>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. W. H. Jones WALNUT GROVE MO</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stroke</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
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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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 19, 1950, to 1-2, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Barber M.D.</u>		23b. ADDRESS <u>Walnut Grove, Mo.</u>	23c. DATE SIGNED <u>1/13/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TURKEY CREEK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>POLK Co. MO.</u>	
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DATE REC'D BY LOCAL REG. <u>1/4/51</u>	REGISTRAR'S SIGNATURE <u>Drene H. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PRIM FUNERAL SERVICE WALNUT GROVE MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office,

County File Number 51-1-3

Date Filed 1-10-51

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 Warren S. McCall.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Cash Grove 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.