

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9205

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4301 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meadville</u>		c. LENGTH OF STAY (in this place) <u>82 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meadville</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Walter</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Barber</u>	(Month) <u>April</u>	(Day) <u>4</u>	(Year) <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1878</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Meadville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. a.</u>

13a. FATHER'S NAME <u>Henry Clay Barber</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Woodruff</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Barber</u>
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. <u>447-12-1732 A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W.H. Barber; Meadville, Missouri</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, ashenia, 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>Cirrhosis of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>5810</u>	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) (Min.)	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 Jan 18 1899, to Apr. 4, 1957, that I last saw the deceased alive on Apr. 4, 1957, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Bryan, M.D.</u>	23b. ADDRESS <u>Wheeling, Mo.</u>	23c. DATE SIGNED <u>4/5/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>
DATE REC'D BY LOCAL REG. <u>Apr. 7-1951</u>		24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>
REGISTRAR'S SIGNATURE <u>Chris G. Martens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home, Chillicothe, Mo.</u>

APR 28 1951

Date Received: APR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-67
Date Filed: APR 9 1951

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 Elton J. Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4-036

P. O. Address Chillicothe, 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.