

S. No. 300  
V. 10.48

FILED MAY 22 1951

STANDARD CERTIFICATE OF DEATH

16981

State File No. \_\_\_\_\_  
Registrar's No. 225

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

0495

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jasper |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  |  |
| c. LENGTH OF STAY (in this place) 4 yrs   |  | 0495   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital                          |  | d. STREET ADDRESS (If rural, give location) 814 Broadway   |  |

|   |                        |  |   |                                    |                         |
|---|------------------------|--|---|------------------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print)   |                        |  | 4. DATE OF DEATH (Month) (Day) (Year)             |                                    |                         |
| a. (First) Izola  | b. (Middle) Mae        | c. (Last) Barr   | May 12 1951                                       |                                    |                         |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 12, 1910                    | 9. AGE (In years last birthday) 40 | 10. UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife |                        | 10b. KIND OF BUSINESS OR INDUSTRY own home                     | 11. BIRTHPLACE (State or foreign country) Alabama | 12. CITIZEN OF WHAT COUNTRY? USA   |                         |

|   |                                     |   |
|---|-------------------------------------|---|
| 13a. FATHER'S NAME Clifton Johnson  | 13b. MOTHER'S MAIDEN NAME no record | 14. NAME OF HUSBAND OR WIFE Earl Barr                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Barr 814 Broadway Joplin, Mo |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage |  | 5-11-51                          |
|  | ANTECEDENT CAUSES<br>DUE TO (b) Cerebral Spinal Syphilis<br>DUE TO (c)     |  | Unknown                          |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  |  |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 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) | 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 5-11 1951 to 5-12 1951, that I last saw the deceased alive on 5-12 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

|  |  |   |
|--|--|---|
| 23a. SIGNATURE (Degree or title) M. D.           | 23b. ADDRESS 321 Frisco B;dg., Joplin, Mo. | 23c. DATE SIGNED 5-15-51                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-15-51                          | 24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial             |
|  |  | 24d. LOCATION (City, town, or county) (State) Joplin Missouri |

|                                  |                       |  |
|----------------------------------|-----------------------|--|
| DATE REC'D BY LOCAL REG. 5-17-51 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary Joplin, Mo. |
|----------------------------------|-----------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-21-51

Jasper County Health Office

County File Number 51/5/407

Date Filed 5-21-51

*K. Lee*

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.....  
Student Embalmer

Signed *F. M. Gould*

Licensed Embalmer No. *2319*

P. O. Address *Jasper 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.