

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23657**

FILED AUG 11, 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **834**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	d. STREET ADDRESS (If rural, give location) <b>6323 Carnggie</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6323 Carnegie St.</b>			

3. NAME OF DECEASED a. (First) <b>Emory</b> (Type or Print)		b. (Middle) <b>F.</b>		c. (Last) <b>Barnaby</b>		4. DATE OF DEATH (Month) <b>8</b> (Day) <b>5</b> (Year) <b>1952</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7/7/1883</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR <b>0</b> Months	IF UNDER 24 HRS. <b>28</b> Hours	IF UNDER 5 MIN. _____ Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cooper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co</b>		11. BIRTHPLACE (State or foreign country) <b>Rockport, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Charles Evan Barnaby</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth ? ?</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Barnaby</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-05-1436</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Donald Barnaby</b>		ADDRESS <b>6323 Carnegie</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>	DUE TO (b) <b>Coronary Sclerosis</b>		Unknown
		DUE TO (c) <b>Arteriosclerosis</b>			Unknown
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>			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.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>home</b>
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? <b>home</b>

22. I hereby certify that I attended the deceased from **8-5**, 19**52**, to **8-5**, 19**52**, that I last saw the deceased alive on **8-5**, 19**52**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Allen Isderman M.D.</b>		(Degree or title)	23b. ADDRESS <b>706 Francis Pt.</b>	23c. DATE SIGNED <b>8-6-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, MO</b>	

DATE REC'D BY LOCAL REG. <b>Aug 9, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>St. Joseph Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

**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.

Student .....  
Student Embalmer

Signed *Alvin E. Bagan* .....

Licensed Embalmer No. *4795* .....

P. O. Address *St. Joseph, 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.