No. 300
10-48

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29169

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY St. Francois 0940 13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Liberty TWP
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural liberty 0940 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ABRAHAM c. (Last) BARRON

4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced - 3
8. DATE OF BIRTH Dec 4 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 8 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Mine La Motte ? Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Wesley Barron
13b. MOTHER'S MAIDEN NAME Mary Ann Day
14. NAME OF HUSBAND OR WIFE Cora Lett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Leota Barron ADDRESS Clarksville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large percent of body burned

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accidentally burned by fire
DUE TO (c) due to fire started in timber land

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E9160 1/0

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION after investigation deemed inquest unnecessary 094
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home
21c. (CITY, TOWN, OR TOWNSHIP) Liberty (COUNTY) St. Francois (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 28, 1952 3:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? burned fighting fire trying to save buildings

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Burl J. Miller (Degree or title) 3 Coroner
23b. ADDRESS Farmington Mo
23c. DATE SIGNED 8/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0
24b. DATE Aug 31 1952
24c. NAME OF CEMETERY OR CREMATORY GORDON CEMETERY
24d. LOCATION (City, town, or county) (State) WOMACK MO

DATE REC'D BY LOCAL REG. Aug 30, 1952
REGISTRAR'S SIGNATURE Esther Rudloff 289-0
25. FUNERAL DIRECTOR'S SIGNATURE C H COZEAN ADDRESS FARMINGTON MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 C H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.