

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37414

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 24

1070

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY OR TOWN <u>Quint-Shurell</u>		c. CITY OR TOWN <u>Quint-Shurell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wilber Russ</u>		d. STREET ADDRESS <u>1/2 Mi W. of Locking Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Wilber Russell Bares</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-1952</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, OR WIDOWED <u>Never married</u>	8. DATE OF BIRTH <u>Nov 4, 1901</u>	9. AGE (in years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	-------------------------------------	---	--	---

10a. USUAL OCCUPATION <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Locking MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-------------------------------------	---	---	---

13a. FATHER'S NAME <u>Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Craddock</u>	14. NAME OF HUSBAND OR WIFE _____
----------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Beta M. Coe</u>	ADDRESS <u>Des Moines</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 _____	20. AUTOPSY? <u>5400</u> YES <input type="checkbox"/> NO <input 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 May 1950, to Oct 24, 1952 that I last saw the deceased alive on Oct 29, 1952, and that death occurred and was from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. L. Reed, MD</u>	23b. ADDRESS <u>Locking, Mo.</u>	23c. DATE SIGNED <u>10/27/52</u>
--	----------------------------------	----------------------------------

24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>10/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vanhook Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas MO</u>
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov. 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Elvera Nessel</u>	324-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson Locking</u>	ADDRESS _____
--	--	-------	--	---------------

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
Student Embalmer

Signed *Robert Ferguson*
Student Embalmer No.

Licensed Embalmer No. *3945*

P. O. Address *Ferguson MD*

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.