

No. 3001
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37669**

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

BIRTH NO. _____ **REG. DIST. NO.** 42 **PRIMARY REG. DIST. NO.** 1000 **Registrar's No.** 1180

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Buchanan</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (In this place) <u>74.27.13d</u>	d. STREET ADDRESS (If rural, give location) <u>1230 Tracy</u>
3. NAME OF DECEASED (Type or Print) <u>Willie</u>		a. (First) <u>Willie</u>	b. (Middle) _____
c. (Last) <u>Barr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11 - 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>not given</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>not given</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Monroe Louisiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>not given</u>	13b. MOTHER'S MAIDEN NAME <u>not given</u>
14. NAME OF HUSBAND OR WIFE <u>not given</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Donnelly</u> ADDRESS <u>1140 Duero Bell K6, Mo</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Suppurative Meningo encephalitis</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? 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) <u>025X</u>	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 <u>11-4-</u> , 19 <u>49</u> , to <u>11-11-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-10-</u> , 19 <u>52</u> , and that death occurred at <u>12:55 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Moraway</u>		23b. ADDRESS <u>State Hospital No. 2, St Joseph, Mo.</u>	23c. DATE SIGNED <u>11-11-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College of Osteo.</u>	24d. LOCATION (City, town, or county) (State) <u>Hicksville 7 Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov 17, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Gray</u>	ADDRESS <u>812 Pacific St</u>

(Licensed Embalmers' Statement on Reverse Side)

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: *Bill J. Shaney*

Licensed Embalmer No. *4679*

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.