

FILED DEC 1 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39437
Registrar's No. 380

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3093

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u> COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1421 Viley</u>		d. STREET ADDRESS (If rural, give location) <u>1421 Viley</u>	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Laure Barry</u>	b. (Middle)	c. (Last)	DEATH <u>November 18, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 27, 1867</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>2 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spalding Missouri</u> <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>William Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Cinderella Emison</u>		14. NAME OF HUSBAND OR WIFE <u>David Barry (deceased)</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ted Johnley Oakwood Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	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. <u>Central hemorrhage</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov 16, 1952, to Nov 18, 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Lanning M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>11/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		

DATE REC'D BY LOCAL REG. <u>11-21-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Luke By W. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Campbell Smith</u>	ADDRESS <u>Hannibal Missouri</u>
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RECEIVED NOV 28 1952

MARION CO. HEALTH DEPT

DATE FILED NOV 28 1952

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

John S Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.