

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39622

State File No.

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4376 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Guilford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Guilford</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0748</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Francis</u> c. (Last) <u>BarracloUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-1952</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 29, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realtor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City, professional</u>	11. BIRTHPLACE (State or foreign country) <u>Marine, Madison County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George BarracloUGH</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Oettle</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Nelson BarracloUGH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma Nelson Guilford</u>	ADDRESS <u>Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>more than 6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal syndrome</u> 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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 15 Oct, 1952, to 22 Nov., 1952, that I last saw the deceased alive on 22 Nov., 1952, and that death occurred at 12:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. D. Humbert, M.D.</u>	23b. ADDRESS <u>Barnard, Mo.</u>	23c. DATE SIGNED <u>11-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-23-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Guilford - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-25-52</u>	REGISTRAR'S SIGNATURE <u>Wm. Eliza Crenshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith M. Margville</u>	ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Rayville La

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.