

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28459

State File No. ....

FILED AUG 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 21

0470

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 Rural East Arcadia</u>	
c. LENGTH OF STAY (In this place) <u>7 Months</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi east of Pilot Knob</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OWEN</u> b. (Middle) <u>MERTON</u> c. (Last) <u>BARBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> -- <u>6</u> -- <u>1953</u>
---	--	--	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>1/12/1870</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: (Month) (Day) (Hour) (Min.) <u>6</u> <u>24</u>
-----------------	---------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cerro Gordo, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
---	--	--	---

13a. FATHER'S NAME <u>Charles W. Barber</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Cole</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Jane Barber</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>A. M. Barber Ironton Mo. R#1</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</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.			

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>4222</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 30, 1953, to Aug 6, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.H. Med. Int. M.D.</u>	23b. ADDRESS <u>Ironton Mo</u>	23c. DATE SIGNED <u>Aug 7 1953</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/7/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moweaqua Ill.</u>
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-12-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton, Mo.</u>
---	--	-----	---

(Licensed Embalmer's 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 Ann J. White

Licensed Embalmer No. 3013

P. O. Address Proctor, 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.