

STANDARD CERTIFICATE OF DEATH

626 State File No. 34854

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4542 Registrar's No. 15

1. PLACE OF DEATH
 a. COUNTY Webster
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville, Rural.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Webster
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville, Rural.
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Thomas b. (Middle) A. c. (Last) BARNARD

4. DATE OF DEATH (Month) (Day) (Year)
 Sept. 17, 1953

5. SEX male
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 16, 1865

9. AGE (In years last birthday) 87
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Webster Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Allen

13b. MOTHER'S MAIDEN NAME Leatha Jane Fwing

14. NAME OF HUSBAND OR WIFE Janie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 Herman Barnard, Rogersville Mo

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) Cerebral Hemorrhage
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertension
 DUE TO (c) Arterio-sclerosis.
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. None.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
 No operation. 331X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1946, to Sept. 18, 1953, that I last saw the deceased alive on Sept. 15, 1953, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. R. Schultz, 2nd deg.

23b. ADDRESS Fordland, Mo.

23c. DATE SIGNED 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-20-53

24c. NAME OF CEMETERY OR CREMATORY White Oak Cem.

24d. LOCATION (City, town, or county) Rogersville, Rural, Missouri

DATE REC'D BY LOCAL REG. 9-19-53

REGISTRAR'S SIGNATURE Opal M. Good

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 J. C. Ferrell, Rogersville Mo.

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

1120

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 W. K. Lurell.....

Licensed Embalmer No. 4910.....

P. O. Address Lordland, 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.