

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

State File No. **43386**

FILED JAN 6 - 1954

| | | | | | | | | | |
|--|--|---|--|--|-------------------------|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>157</u> | | PRIMARY REG. DIST. NO. <u>3028</u> | | Registrar's No. <u>264</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> | | c. LENGTH OF STAY (in this place) <u>1 yr</u> | | c. CITY OR TOWN <u>Carthage</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>McCune-Brooks Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>823 Olive St</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BONNIE</u> | | | b. (Middle) | | c. (Last) <u>BARHAM</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28-1953</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 14-1888</u> | | 9. AGE (in years last birthday) <u>65</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark County, Arkansas</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Anderson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Wm C. Barham</u> | | | |
| 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>Carthage, Mo</u> <u>Lawrence Wofford, 1027 Clinton,</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown Cause</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | | | | | | 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) | | | | | |
| 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 <u>5-26, 1953</u> , to <u>12-28, 1953</u> , that I last saw the deceased alive on <u>12-28, 1953</u> and that death occurred at <u>11 a</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Lloyd B. Clinton</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Carthage, Mo</u> | | 23c. DATE SIGNED <u>12-28-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>12-28-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>unk</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ozark, Arkansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>12-28-53</u> | | REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u> | | ADDRESS | | | |

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

S. No. 300
v. 10.48

McCune

RECEIVED JAN 5 1954
Jasper County Health Office
County File Number 54-1-11
Date Filed JAN 5 1954

JAN 8 1954

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.....
Signature of Student Embalmer

Signed..... *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.