

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9276

State File No. ....

BIRTH FILED APR 14 1954 REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5655 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY OR TOWN <b>Rural Ozark Twp.</b>	c. LENGTH OF STAY (In this place) <b>None</b>	c. CITY OR TOWN <b>Rural Ozark Twp.</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Ash Grove RFD#3</b>		e. STREET ADDRESS (If rural, give location) <b>Ash Grove RFD#3</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>HENRY</b>	b. (Middle) <b>H.</b>	c. (Last) <b>BARR</b>	(Month) <b>March</b>	(Day) <b>23</b>	(Year) <b>1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12 Nov. 1877</b>	9. AGE (In years last birthday) <b>76</b>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>James H. Barr</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Nelson</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie Barr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James H. Barr Springfield, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
---	--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		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) (Minute)	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 **7-11**, 19**49**, to **3-23**, 19**54**, that I last saw the deceased alive on **3-23**, 19**54**, and that death occurred at **2:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul C. Norton</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1630 N. Johnson Springfield, Missouri</b>		23c. DATE SIGNED <b>3-24-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3-26-54</b>	REGISTRAR'S SIGNATURE <b>W. S. Bursey</b>		25. DIRECTOR'S SIGNATURE <b>J. W. Klingner</b>	ADDRESS <b>J. W. KLINGNER &amp; CO. Springfield, Mo.</b>	

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

---

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.....  
Licensed Embalmer No.....  
P. O. Address.....

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.