

No. 300
10.48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12453

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5515 Registrar's No. 829

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR #2 Carthage</u>		c. LENGTH OF STAY (in this place) <u>14 mo</u>	c. CITY OR TOWN <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL ROUTE 2</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #2</u>	
3. NAME OF DECEASED a. (First) <u>GLENN</u> (Type or Print)		b. (Middle) <u>H</u>	c. (Last) <u>BARCUS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1953</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAR 5-1898</u>		9. AGE (In years last birthday) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>COMMERCE, OKLA.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>ABRAHAM BARCUS</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA HIBERT</u>	
14. NAME OF HUSBAND OR WIFE <u>MABLE BARCUS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>YES</u>	
16. SOCIAL SECURITY NO. <u>1919-1922</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MABLE BARCUS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound head</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inoperable carcinoma of the bladder (recurrent)</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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>E 976 XH</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hours) <u>4 18 54 9:00 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gun inflicted gunshot wound</u>	
22. I hereby certify that I attended the deceased from <u>death</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19 <u>53</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Lewis</u>		23b. ADDRESS <u>State Route 1, Bldg. 1, Joplin</u>	
23c. DATE SIGNED <u>4-26-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APRIL 21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>GRIENNA, KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. HURIBUT-GLOVER</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>JOPLIN</u>		DATE REC'D BY LOCAL REG. <u>4-26-54</u>	

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

MAY 8 1954

RECEIVED

Washoe County Health Office

County File No. 54-5-346

Date Filed MAY 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dale Glover*

Licensed Embalmer No. 45

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.