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FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15691

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4557 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POMONA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POMONA</u>	
c. LENGTH OF STAY (in this place) <u>30 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>	

3. NAME OF DECEASED (Type or Print) <u>EDWIN HENRY BARRINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-54</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-2-1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ELEC. WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF CHICAGO</u>		11. BIRTHPLACE (State or foreign country) <u>JOLIET, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CONRAD BARRINGER</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENCE WISER</u>	14. NAME OF HUSBAND OR WIFE <u>LUCILLE B. BARRINGER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>Y</u>	16. SOCIAL SECURITY NO. <u>CIV. SERVICE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. E. H. BARRINGER, POMONA, MO</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Chronic Nephritis</u>		<u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>6 yrs.</u>
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 <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1/4/54 8:00 A. to 5/9/54, 1954, that I last saw the deceased alive on 5/9/54, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul A. Davis M.D.</u>	23b. ADDRESS <u>Wellow Springs Mo</u>	23c. DATE SIGNED <u>5/18/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>5-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, MO</u>
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DATE REC'D BY LOCAL REGISTRY <u>JUN 1 1954</u>	REGISTRAR'S SIGNATURE <u>Edgar H. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS, WEST PLAINS, MO</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 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 .....  
Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 343

P. O. Address West Plains

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.