

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 8827

9828

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Staunton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				STREET ADDRESS (If rural, give location) R. R. # 2				
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) EARL c. (Last) BARBER			4. DATE OF DEATH October 28, 1954 (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 14, 1915		
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY Western Cart. Co.			11. BIRTHPLACE (City and State or Foreign Country) Illinois,		
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME Norman Barber		13b. MOTHER'S MAIDEN NAME Sarah Owens		14. NAME OF HUSBAND OR WIFE Mrs. Mable Barber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mable Barber, Woodriver, Illinois		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism					INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Leukemia					DUE TO (c) _____	
DUE TO (a) _____		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 checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2044				
22. I hereby certify that I attended the deceased from 10-6- , 1954, to 10-28- , 1954, that I last saw the deceased alive on 10-28- , 1954, and that death occurred at 2:37 P m. , from the causes and on the date stated above.								
23a. SIGNATURE A. V. Bradley				(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		
23c. DATE SIGNED 10-28-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-29-54		24c. NAME OF CEMETERY OR CREMATORY Wanda Cemetery		
24d. LOCATION (City, town, or county) Madison County, Illinois,		(State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				
DATE REC'D BY LOCAL REG. 3 OCT 29 1954		REGISTRAR'S SIGNATURE J. Earl Smith m.d.		ADDRESS 4700 Washington.				

S.O. (Licensed Embalmer's Statement on Reverse Side)

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 *John J. Harris*
Licensed Embalmer No. *490*

P. O. Address *St. Louis*

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.