No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41757

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5-792 Registrar's No. 90

680
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Moniteau Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harrison
c. LENGTH OF STAY (in this place): 6 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 1. California, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: Rutal 0680 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt # 1. California, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Goldie
b. (Middle): Vern
c. (Last): Barbour

4. DATE OF DEATH (Month) (Day) (Year): 12 24 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 21 1911
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 9 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred Hill
13b. MOTHER'S MAIDEN NAME: Letha Gambel
14. NAME OF HUSBAND OR WIFE: Virgil Barbour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-24-5912
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Virgil L. Barbour California Mo

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): Carinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carinoma of Breast
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: 170 X
20. AUTOPSY? YES ☐ NO ☐

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): Rural Moniteau Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1954, *to* Dec. 24, 1954, *that I last saw the deceased alive on* Dec. 23, 1954, *and that death occurred at* 7:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A. Bonion D.O
23b. ADDRESS: California
23c. DATE SIGNED: 12/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/26/54
24c. NAME OF CEMETERY OR CREMATORY: Latham Cemetery
24d. LOCATION (City, town, or county) (State): Latham, Mo

DATE REC'D BY LOCAL REG.: 12/28/54
REGISTRAR'S SIGNATURE: Helen L. Papejoy 506-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl Bonslin - California Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ...Jack N. Bowlin.....

Licensed Embalmer No. 493

P. O. Address California

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.