

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12608

State File No.

FILED MAY 5 1955

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>MACON</u>	c. LENGTH OF STAY (in this place) <u>12 hrs</u>	c. CITY OR TOWN <u>CLARENCE</u>	d. Is 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 <u>SAMARITAN HOSPI</u>		No. STREET ADDRESS <u>OP P # 3</u> (If rural, give location) <u>1021</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERRY</u> b. (Middle) <u>J. SPENCER</u> c. (Last) <u>BARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15 1955</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>JULY 24 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO. SHELBY CO. US</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>JOHN BARR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA BARR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA BARR</u> ADDRESS <u>CLARENCE MO</u>	

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>Aplastic anemia</u>		DUE TO (b) _____			<u>4 mos +</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis aortic stenosis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>292 f'</u>		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) m.		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 11-29, 1954, to 4-15, 1955, that I last saw the deceased alive on 4-15, 1955 and that death occurred at 8:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kearn Knull 2 D.O.</u>		23b. ADDRESS <u>Clarence, MO</u>		23c. DATE SIGNED <u>4-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>	
DATE REC'D BY LOCAL REG. <u>4/26/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Young</u> ADDRESS <u>Clarence MO</u>	

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

MAY 17 1955

MAY 18 1955

RECEIVED

MACON COUNTY HEALTH DEPARTMENT

County File No. 5.3.55
Date Filed 5.4.55

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 *[Handwritten Signature]*

Licensed Embalmer No. 462

P. O. Address *[Handwritten 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.