

XC-610042
RN. 10438

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36079**

BIRTH NO. FILED DEC 9 1955 REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Poplar Bluff	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 901 Franklin	

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) C.	c. (Last) Barchers	4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1955		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-6-91	9. AGE (In years last birthday) 64 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Henrietta, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Criss Barchers	13b. MOTHER'S MAIDEN NAME Annie Odell	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease with posterior coronary occlusion and myocardial infarction	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4901		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia	Pneumonitis, acute, both upper lobes, type undetermined.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	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 **Nov. 23, 19 55** to **Nov. 29, 19 55** and declare the cause of death ~~to be~~ and that death occurred at **1:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Ernest M. Tapp, M.D., Manager	(Degree or title) <input checked="" type="checkbox"/>	23b. ADDRESS VAH, Poplar Bluff, Mo.	23c. DATE SIGNED 11-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-30-55	24c. NAME OF CEMETERY OR CREMATORY Richmond Cem.	24d. LOCATION (City, town, or county) (State) Henrietta, Mo.
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DATE REC'D BY LOCAL REG. 12/1/55	REGISTRAR'S SIGNATURE Ernest M. Tapp	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 6 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Wallace R. Knight*

Licensed Embalmer No. *45-19*

P. O. Address *412 W. ...
Paplar B.*

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.