

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4050

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>10296</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kinder</u>		c. LENGTH OF STAY (In this place) <u>T.W.P. 16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kinder</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. So. Burfordsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. So. Burfordsville</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. So. Burfordsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>EMMETT</u>		c. (Last) <u>BARBEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 2 1887</u>	
9. AGE (In years) (Month) (Day) (Year) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroader</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jim Barbee</u>		13b. MOTHER'S MAIDEN NAME <u>Molly White</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Barbee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>410 03 2821</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Howard Burfordsville Mo</u>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				20. INTERVAL BETWEEN ONSET AND DEATH <u>20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4342</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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>June 14, 1954</u> , to <u>March 6, 1956</u> , that I last saw the deceased alive on <u>Sept 1, 1956</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Williams M.D.</u>				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>3-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/9/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Combs</u>		ADDRESS <u>Furn. Blvd. C. Jackson, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1958

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 Thos. K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.