

STANDARD CERTIFICATE OF DEATH

State File No. 8701

FILED APR 16 1956

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 339	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Green			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) ✓		c. CITY OR TOWN Republic		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 City Hospital				e. STREET ADDRESS (If rural, give location) 03901			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) T		c. (Last) Barron		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 24, 1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseary man			10b. KIND OF BUSINESS OR INDUSTRY Orchard		11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Barron			13b. MOTHER'S MAIDEN NAME Sarah Armistead		14. NAME OF HUSBAND OR WIFE Alice Spencer Barron		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mable Russell Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease					INTERVAL BETWEEN ONSET AND DEATH 4 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			H 200		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 April 5, 1956, to April 9, 1956, that I last saw the deceased alive on April 7, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David H. Hall, M.D.				23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 4/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1956	24c. NAME OF CEMETERY OR CREMATOR Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Republic, Missouri		
DATE REC'D BY LOCAL REG. 4-13-56		REGISTRAR'S SIGNATURE Edith Wellesman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cantrell Fossett Republic, Mo.			

(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 *William B Cantrell*.....

Licensed Embalmer No. *4820*.....

P. O. Address *Republic*.....

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.