

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17087

FILED MAY 29 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 200

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> |   |
| b. CITY OR TOWN <u>Eldon</u>                         |  | c. CITY OR TOWN <u>Eldon</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) _____              |  | e. STREET ADDRESS (If rural, give location)<br><u>RFD #</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 3</u> |  |  |   |

|  |                               |   |                                       |   |  |
|--|-------------------------------|---|---------------------------------------|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>RILEY</u> c. (Last) <u>BARRON</u> |                               |   | 4. DATE OF DEATH <u>May 6, 1956</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>June 27, 1888</u> | 9. AGE (In years last birthday) <u>67</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>farming</u>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               |                                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>Miller County, Mo.</u>  |  |
|  |                               |   |                                       | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>George Barron</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Ann Riley</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Cora A. Barron</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>None</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Barron</u> ADDRESS <u>Eldon, Mo.</u> |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ |  | MEDICAL CERTIFICATION<br><br>INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Coronary Thrombosis</u>   |  |   |
|   | DUE TO (c) <u>Arteriosclerotic heart disease</u>             |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION _____                                   |  | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 August 10, 1954 to May 6, 1956, that I last saw the deceased alive on April 7, 1956, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

|   |  |                                     |  |   |  |
|---|--|-------------------------------------|--|---|--|
| 23a. SIGNATURE <u>Robert E. Mason, D.O.</u> (Degree or title) |  | 23b. ADDRESS <u>Lake Ozark, Mo.</u> |  | 23c. DATE SIGNED <u>May 7, 1956</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>       |  | 24b. DATE <u>588-56</u>             |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>                             |  |
|   |  |                                     |  | 24d. LOCATION (City, town, or county) <u>Eldon, Missouri.</u> (State) _____ |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>May 8, 1956</u> |  | REGISTRAR'S SIGNATURE <u>Edw. Veretta Walt</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss D. Phillips</u> ADDRESS <u>below</u> |  |
|---|--|--|--|---|--|

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

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

MAY 22 '56

Miller County  
Health Department

MAR 10 1966

MAY 29 1956

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 *Louis P. Phillips*.....

Licensed Embalmer No..... 3

P. O. Address ..... Eldon.

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.