

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25697

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (in this place) 35 Days	-c. CITY: OR TOWN Marston
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 0721	

3. NAME OF DECEASED (Type or Print) Henry		a. (First) Henry	b. (Middle) —	c. (Last) Barbre	4. DATE OF DEATH (Month) (Day) (Year) 7 19 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-24-1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
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) White Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Barbre	13b. MOTHER'S MAIDEN NAME Eliza Ivie	14. NAME OF HUSBAND OR WIFE Rosa Lee Duke
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rosa Duke Barbre, Marston, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma, 12th thoracic, 1st + 2nd lumbar vertebrae		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ 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. 196x			

19a. DATE OF OPERATION Aug 1954	19b. MAJOR FINDINGS OF OPERATION Sarcoma, 12th thoracic, 1st + 2nd lumbar vertebrae.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 July 12, 1954, to July 21, 1956, that I last saw the deceased alive on July 21, 1956, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Wilson J. Pagnon, M.D.	(Degree or title) M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED July 29, 1956.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-22-56	24c. NAME OF CEMETERY OR CREMATORY W.O.W.	24d. LOCATION (City, town, or county) (State) EAST PRAIRIE MO.
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DATE REC'D BY LOCAL REG. 7-25-56	REGISTRAR'S SIGNATURE Miss Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby	ADDRESS East Prairie, Mo.
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WRITE PLAINLY.—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED JUL 30 1956
SCOTT CO. HEALTH DEPT.
CO. FILE No. 756-157

AUG 6
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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.