

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44540**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **255**

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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada | | c. CITY OR TOWN Nevada | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 11 Yrs. | | e. STREET ADDRESS (If rural, give location) 1235 N. Cedar | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Nellie | b. (Middle) | c. (Last) Barger | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 14 April 1880 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaking | 10b. KIND OF BUSINESS OR INDUSTRY Homemaking | 11. BIRTHPLACE (City and State or Foreign Country) Mitchell County Kansas. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME James William Barger | 13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Lindsey | 14. NAME OF HUSBAND OR WIFE |
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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) No | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Bell Barger | ADDRESS 1235 N. Cedar Nevada, Mo |
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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, asphyxia, 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) arteriosclerotic heart disease chf | | unknown |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Continued chest wall dysfunction w/ hypertension | | 6 days 2 days |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 4 200 | 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) (Min.) | 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**, 1956, to **Dec 29**, 1956, that I last saw the deceased alive on **Dec 29**, 1956, and that death occurred at **11:10 am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James H. Haccoe MD | 23b. ADDRESS Nevada, Mo | 23c. DATE SIGNED Dec 29 1956 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2 Jan. 1957 | 24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 24d. LOCATION (City, town, or county) (State) Nevada, Missouri. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Anna E. Ferry | 25. FUNERAL DIRECTOR'S SIGNATURE Richard L. Shorten | ADDRESS Nevada, Mo. |
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(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 *Loyal C. McLaughlin*.....

Licensed Embalmer No. *4853*.....

P. O. Address *Heads, Pa.*.....

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.