Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010161
STATE FILE NUMBER

FILED MAR 26 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Hannibal 0644 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Elizabeth Hospital — Length of stay in 1b 1½ days	d. STREET ADDRESS (If outside, give location) 1115 a Valley — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First KEVIN	Middle ANTHONY	Last BARR	4. DATE OF DEATH Month March Day 20 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH March 19, 1959	9. AGE (In years last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours 36 Min. ~~20~~
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Ernest I. Barr Jr.	13b. MOTHER'S MAIDEN NAME Joyce Hull	14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) XX (If yes, give war or dates of service) XX	16. SOCIAL SECURITY NO. XX	17. INFORMANT Ernest I. Barr Jr. Address Hannibal Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Large Patent Foramen Ovale — INTERVAL BETWEEN ONSET AND DEATH 2 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atelectasis both Lungs — " "

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3543

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-19-59, to 3-20-59 and last saw ~~her~~ him alive on 3-20-59

Death occurred at 11:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Francka MD	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 3-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/21/59	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal Missouri		
24. FUNERAL DIRECTOR ADDRESS W. Crawford Smith, Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 3-24-59	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John S Steed

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.