

Health, 6002
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014660
STATE FILE NUMBER
Registration District No. _____ Primary Registration District No. _____ Registrar No. **2382**

300
1-57
38
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FILED MAY 1 1959

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hosp. D.O.A.** Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Pemiscot** Inside Limits Yes No
c. CITY OR TOWN **Caruthersville** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **E. 14th St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Harold** Middle **Washington** Last **Barry**

4. DATE OF DEATH Month **3** Day **6** Year **1959**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **Oct. 21, 1910** 9. AGE (In years last birthday) **48** 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) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and state or country) **Bell City, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Barry** 13b. MOTHER'S MAIDEN NAME **Dora Holland** 14. NAME OF HUSBAND OR WIFE **--**

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. **unknown** 17. INFORMANT **Dora Bilderback (mother)** Address **511 N. Walnut St. Hayti, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Exposure**
DUE TO (b) **Acute Alcoholism**
DUE TO (c) **322.0**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **When found at 2nd and Walnut**

20c. TIME OF INJURY Hour _____ Month, Day, Year **3 6 59** a.m. _____ p.m. **Streets on March 6 1959**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) **Streets** 20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **Mo.** STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **805A** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Regina Turner** 22b. ADDRESS **300 Clark** 22c. DATE SIGNED **3/8/59**

23a. BURIAL, CREATION, REMOVAL (Specify) **Removal** 23b. DATE **MAR 8 '59** 23c. NAME OF CEMETERY OR CREMATORY **Little Prairie Cemetery** 23d. LOCATION (City, town, or county) **Caruthersville, Missouri**

24. FUNERAL DIRECTOR **La Forge Funeral Home** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **MAR 7 '59** 26. REGISTRAR'S SIGNATURE **Leon Smith, M.D.**

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hayti, Missouri

(Licensed Embalmer's Statement on Reverse Side)

m j B

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MAY 1
1959

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 *Flavio M. Bilto*

Licensed Embalmer No. *4875*
P. O. Address *St. Louis, Mo.*

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.