

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-026252**

**FILED VS JUL 21 1959**

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 92

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> Length of stay in 1b <u>15 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>322 South Camden</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ray</u> c. CITY OR TOWN <u>Richmond</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>322 South Camden</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Harvey</u> Middle <u>Gaines</u> Last <u>Barber</u>				<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>11</u> Year <u>1959</u>									
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1-20-1869</u>		<b>9. AGE</b> (last birthday) <u>90</u>		<b>IF UNDER 1 YEAR</b> Months <u>    </u> Days <u>    </u>		<b>IF UNDER 24 HR</b> Hours <u>    </u> Min. <u>    </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>General farming</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Ray County, Missouri</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Travers McCarty Barber</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mariah Jackson</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Myrtle Matilda Barber</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>				<b>17. INFORMANT</b> <u>Dr. Harry Barber, Normal, Illinois</u> Address <u>    </u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>    </u> DUE TO (c) <u>    </u>										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour <u>    </u> a.m. <u>    </u> p.m.		Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				COUNTY		STATE			
<b>21. I attended the deceased from</b> <u>3-18-58</u> to <u>7-11-59</u> and last saw her <u>him</u> alive on <u>7-11-59</u> Death occurred at <u>5:35</u> P. <u>    </u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas B. Coff M.D.</u>						<b>22b. ADDRESS</b> <u>Richmond Mo.</u>				<b>22c. DATE SIGNED</b> <u>7/14/59</u>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b>				<b>23d. LOCATION</b> (City, town, or county) (State)					
<u>Burial</u>		<u>7-14-1959</u>		<u>Sunny Slope</u>				<u>Richmond, Missouri</u>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Quest-Lite Funeral Home</u> <u>Richmond, Missouri</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-17-1959</u>				<b>26. REGISTRAR'S SIGNATURE</b> <u>Malcol Jackson</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *George H. Hile*

Licensed Embalmer No. 406 C

P. O. Address *Pulmony*

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.