

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028323

FILED VS SEP 2 1959 43

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 389

STATE FILE NUMBER

DEED

|  |   |   |  |   |   |  |   |                                    |  |
|--|---|---|--|---|---|--|---|------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived at institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Butler</b> |   |  |   |                                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rural - Neelyville</b>   |   | Length of stay in lb<br><b>Years</b>  |  | c. CITY OR TOWN <b>Neelyville</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                                    |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3 mi. NE Neelyville</b>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   | d. STREET ADDRESS (If outside give location)<br><b>Star Route</b>           |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                    |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HENRY</b> Middle <b>M.</b> Last <b>BARB</b>  |   |   |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>26</b> Year <b>1959</b>  |   |  |   |                                    |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>COLORED</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>9-5-1894</b>   | 9. AGE (last birthday)<br><b>64</b>   | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                  |   | 11. BIRTHPLACE (City and state of country)<br><b>ARKANSAS</b>               |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |                                    |  |
| 13a. FATHER'S NAME<br><b>UNKNOWN</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b>  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>CARRIE BARB</b>                                    |   |                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)<br><b>No</b>  |   |   | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>  |   | 17. INFORMANT<br><b>CARRIE BARB</b> Address <b>ST. RT. NEELYVILLE</b>       |  |   |                                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female, was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 months</b><br><b>years</b>                   |                                    |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |   |   |  |   |                                    |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 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 <b>April 20, 1959</b> to <b>July 26, 1959</b> and last saw him alive on <b>July 17, 1959</b><br>Death occurred at <b>5:10 P.M.</b> on the date stated above, and to the best of my knowledge from the causes stated.  |   |   |  |   |   |  |   |                                    |  |
| 22a. SIGNATURE<br><b>L. L. Smith, D.O.</b>   |   |   |  | 22b. ADDRESS<br><b>Box 68, Naylor, Mo.</b>  |   |  |   | 22c. DATE SIGNED<br><b>7-29-59</b> |  |
| 23a. BURIAL / CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |   | 23b. DATE<br><b>7-30-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Pleasant Groves</b>                         |   | 23d. LOCATION (City, town or county) (State)<br><b>Butler Co., Missouri</b> |  |   |                                    |  |
| 24. FUNERAL DIRECTOR<br><b>Edwards-Parrent</b>   |   |   | ADDRESS<br><b>- Naylor - Mo</b>  |   | 25. DATE RECEIVED LOCAL REG.<br><b>8/25/59</b>                              |  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                       |                                    |  |

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 Gene Stewart

Licensed Embalmer No. 4809  
P. O. Address Naylor, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.