

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036744

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Township		Length of stay in 1b 60 yrs.	c. CITY OR TOWN Lebanon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oakland Str. Rt.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Oakland Star Rt.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELIGA Middle EDMOND Last BARR			4. DATE OF DEATH Month Nov. Day 3 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1871 9-30-71	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Laclede Co. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Alexandra Barr	13b. MOTHER'S MAIDEN NAME Sencita Lorange	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Grace Day, Lebanon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cancer of Bladder	1 1/2 yrs (approx)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	transitional cell.	
DUE TO (b)		
DUE TO (c)		

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 5:45 a.m. p.m.	Month, Day, Year Nov. 3, 1959
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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 Lebanon, Mo.	COUNTY Laclede Co.	STATE Mo.
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21. I attended the deceased from **6-27-49** to **Nov. 3, 1959** and last saw her/him alive on **19 Oct. 1959**
Death occurred at **5:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. Jenkins (Degree or title)	22b. ADDRESS Knight Bldg. Lebanon, Mo.	22c. DATE SIGNED Nov. 6, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 6, 1959	23c. NAME OF CEMETERY OR CREMATORY White Oak Pond	23d. LOCATION (City, town, or county) (State) Lebanon, Laclede Co., Mo.
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24. FUNERAL DIRECTOR J. J. Shadel	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 11-6-1959	26. REGISTRAR'S SIGNATURE Hella S. Gray
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address _____

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.