

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029936

FILED VS. AUG 30 1960

70

Primary Registration District No. 4124

Registrar's No. 52

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clark</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kahoka</b>		Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Kahoka</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>Barr</b> Last <b>Barr</b>			4. DATE OF DEATH Month <b>August</b> Day <b>22</b> Year <b>1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/24/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brick Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <b>Athens Mo</b>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
13a. FATHER'S NAME <b>John Barr</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Flick</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or date of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>None</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
17. INFORMANT <b>Mrs. Gertrude Thompson</b>			Address <b>Hamilton Ill.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial, Chronic</b> DUE TO (b) <b>Arterial Sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. 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>Jan. 1960</b> to <b>Aug 22-60</b> and last saw her alive on <b>8/22-60</b> Death occurred at <b>10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.P. Brennan M.D.</b> (Degree or title)		22b. ADDRESS <b>Kahoka Mo</b>	22c. DATE SIGNED <b>8/25-60</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 25-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kahoka Iowa</b>
24. FUNERAL DIRECTOR <b>Cliff. Yelting</b>	ADDRESS <b>Kahoka Mo</b>	25. DATE RECD. BY LOCAL REG. <b>8/26-60</b>	26. REGISTRAR'S SIGNATURE <b>J.P. Brennan</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 3 1965

**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 Oliver S. Yestud

Licensed Embalmer No. 2965

P. O. Address May

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.