MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028045
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 204

FILED JUL 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0420
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Deepwater — Length of stay in 1b: 53
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deepwater — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Henry
c. CITY OR TOWN: Deepwater — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Morris Middle: Andrew Last: Barger

4. DATE OF DEATH: Month: July Day: 22 Year: 1963

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-17-1888
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Clay Mfg Products, Hickory Co
11. BIRTHPLACE (City and state or country): U S A
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: George W Barger
13b. MOTHER'S MAIDEN NAME: Sarah E Miller
14. NAME OF HUSBAND OR WIFE: Fannie M Barger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Fannie M Barger Address: Deepwater Mo

MEDICAL CERTIFICATION

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)	Medullary Palsy	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	months
DUE TO (c)	Cerebral Arteriosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypostatic Pneumonia and Uremia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 For Past 5 days and last saw her/him alive on 7/21/63.
Death occurred at 5:25 AM. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title)
22b. ADDRESS: Clinton Mo
22c. DATE SIGNED: 7/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-25-63
23c. NAME OF CEMETERY OR CREMATORY: Forrest Hill
23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Sickman & Dunning ADDRESS: Clinton Mo
25. DATE RECD. BY LOCAL REG.: July 24 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Robert L Dunning

Licensed Embalmer No. H710

P. O. Address Clinton 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.