

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41757

BIRTH NO. _____		REG. DIST. NO. 219		PRIMARY REG. DIST. NO. 5-792		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE, Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Harrison		c. LENGTH OF STAY (In this place) 6 Wks		c. CITY OR TOWN Rutal 0680		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt # 1. California, Mo				e. STREET ADDRESS (If rural, give location) Rt # 1. California, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Goldie		b. (Middle) Vern		c. (Last) Barbour	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 21 1911	
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Hill		13b. MOTHER'S MAIDEN NAME Letha Gambel		14. NAME OF HUSBAND OR WIFE Virgil Barbour			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY 488-24-5912		17. INFORMANT'S SIGNATURE OR NAME Virgil L. Barbour California, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carinoma of Lungs Carinoma of Breast DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Moniteau Mo		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from May 23, 1954, to Dec. 24, 1954, that I last saw the deceased alive on Dec. 23, 1954, and that death occurred at 7:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE D.O. Barbour		(Degree or title)		23b. ADDRESS California		23c. DATE SIGNED 12/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/54		24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery		24d. LOCATION (City, town, or county) (State) Latham, Mo	
DATE REC'D BY LOCAL REG. 12/28/54		REGISTRAR'S SIGNATURE Helen P. Carey		506-0		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bonelin - California	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Jack H. Bawlin*

Licensed Embalmer No. *493*

P. O. Address *California*

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.