

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14991

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 Taylor Street</u>		e. STREET ADDRESS (If rural, give location) <u>101 Taylor Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>BARGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 8 1881</u>
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County Mo.</u>	
13a. FATHER'S NAME <u>David Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
14. NAME OF HUSBAND OR WIFE <u>George A. Barger</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>George A. Barger</u>		ADDRESS <u>Jefferson City Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>As Cole County</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Coronary</u>	

22. I hereby certify that I attended the deceased from May 18, 1955, that I last saw the deceased alive on May 17, 1955, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bruce McD. Jefferson</u>		23b. ADDRESS <u>334 Madison</u>		23c. DATE SIGNED <u>5-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marion Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>James S. ...</u>		ADDRESS <u>Jefferson City</u>	

DATE REC'D BY LOCAL REG. May 20-1955 REGISTRAR'S SIGNATURE R. P. Davis (Licensed Embalmer's Statement on Reverse Side)

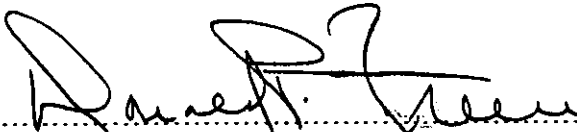
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI
JUN 1 1953

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 
DONALD P. FREEMAN
Licensed Embalmer No...4623

P. O. Address..Jefferson..
Missouri

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.