THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026300
STATE FILE NUMBER

Health,
& Welfare
Public
n Service

5. 300
1–57

681
4

FILED JUL 29 1958 Registration District No. _224_ Primary Registration District No. _3096_ Registrar's No. _65_

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY _Moniteau_		a. STATE _Missouri_ b. COUNTY _Moniteau_	
b. CITY (If outside corporate limits, give TOWNSHIP only) _California_ Inside Limits Yes ☑ No ☐		c. CITY OR TOWN 068 _Clarksburg_	Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION _Halls Rest Home_ Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First _JOHN_ Middle _HARVEY_ Last _BARRON_		4. DATE OF DEATH Month _July_ Day _14_ Year _1958_	
5. SEX _Male_	6. COLOR OR RACE _White_	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH _Sept 24–1879_	9. AGE (In years last birthday) _78_ IF UNDER 1 YEAR Months _9_ Days _20_ IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _Farming_	10b. KIND OF BUSINESS OR INDUSTRY _no._	11. BIRTHPLACE (City and state or country) _Butler County Penn._	12. CITIZEN OF WHAT COUNTRY? _U.S.A._
13a. FATHER'S NAME _Wm Curtis Barron_	13b. MOTHER'S MAIDEN NAME _Sarah Jane Kelly_	14. NAME OF HUSBAND OR WIFE _Never Married_	
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 NO. _no._	17. INFORMANT _Duey Barron_ Address _Slater 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)	_Cerebral hemorrhage_		_1 hour._
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	_Cardio-vascular Disease & hypertension_		_10 years_
DUE TO (c)	_Arterio-sclerosis_	_443X_	_15 years._

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _Parkinsonism_

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 _June 1958_ to _July 14 1958_ and last saw him alive on _July 7 1958_
Death occurred at _1_ _A_ .m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE _Egan A. Kibbe m.d._ (Degree or title)	22b. ADDRESS _California Mo_	22c. DATE SIGNED _7/1958_

23a. BURIAL, CREMATION, REMOVAL (Specify) _Burial_	23b. DATE _7-16-1958_	23c. NAME OF CEMETERY OR CREMATORY _Sappington Cemetery_	23d. LOCATION (City, town, or county) _Clarksburg_	(State) _Mo._
24. FUNERAL DIRECTOR _Hugh E William_ ADDRESS _California Mo._		25. DATE RECD. BY LOCAL REG. _7/16/1958_	26. REGISTRAR'S SIGNATURE _H L Popejoy_	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Use only standard nomenclature in item 18. No symptoms will be listed.

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 ....   Signed .*Hugh E. William*

....

Signature of Student Embalmer

Licensed Embalmer No. *3537*

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.