

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7604 3  
State File No. ....  
Registrar's No. 85

FILED MAR 24 1949

No. 300  
10.48

14

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>85</u>		
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>1 mo. 15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital A-1 2</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODOSIA</u>			b. (Middle) <u>SNOW</u>			c. (Last) <u>BARGER</u>		
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>16</u>		(Year) <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W. Brn</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25, 1882</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Downing, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>J. C. Wheeler</u>			13b. MOTHER'S MAIDEN NAME <u>Jerome</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN SNOW BARGER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records at Fulton Missouri</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, ashenic, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>				
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>15 March 1949</u> , to <u>16 March, 1949</u> , that I last saw the deceased alive on <u>15 March, 1949</u> , and that death occurred at <u>7:20 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wayne Stroh</u> M.D.				23b. ADDRESS <u>Fulton Missouri</u>		23c. DATE SIGNED <u>16 Mar 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Germania</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Joan Morant</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Y. Maurin</u>		ADDRESS <u>Fulton, Mo.</u>		

RECEIVED  
District Health Officer No. 9  
District File Number  
MAR 22 1949  
Date Filed

**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 .....  
Student Embalmer

Signed

*J. W. Ross*

Licensed Embalmer No.

2555

P. O. Address

*Stuller 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 this body is not embalmed, fact should be so stated above.