| FILED JAN 10 1956  STANDARD CERTIFICATE OF DEATH  1. PLACE OF DEATH 2. COUNTY Ray  1. PLACE OF DEATH 3. COUNTY Ray  3. STATE MISSIDENCE (Where demonstrated in Institutions: restricted and the state of the county of | rt  |   |   |  | ALTH OF MISSO        |                |                             | 2/                           | 122                             |                 |
|--|---|---|---|--|----------------------|----------------|-----------------------------|------------------------------|---------------------------------|-----------------|
| 1. PLACE OF DEATH a. COUNTY Ray  D. CITY of coulde corrective limits, write RURAL and give transcribed in the country of the c | FILED JAN   | 10 1956   | STANDA  | RD CERTIF  | ICATE OF DE          | ATH            | State F                     | ile No                       | ree                             |                 |
| PLACE OF DEATH   COUNTY Ray   County Ray   D. CITY (Il coulds corrected limits, write RURAL and give   County Ray   Coun   | BIRTH NO  |   | REG. DIST. N                                  | o. <u>297</u>                                      |                      |                |                             |                              |                                 | • • • • • • • • |
| D. CITY (It resides excrimes limits, write RURAL and give township) 20 STAY (in state pack) 5 TAY (in state pa | · COUNTY  | •   |   |  | 2. USUAL RESIL       | DENCE (W       | here deceased live          | . If inetitution             | pu: residence                   | bef             |
| b. CITY (Il southée corpuste limite, ertes RURAL and etve promission of TOWN Richmond  1 Filchmond  1 Filchmond  2 Filchmond  3 Filchmond  4 Filchmond  4 Filchmond  5 Filchmond  5 Filchmond  6 Filch NAME OF (If so is beoptial or institution, dire street address or fostidan)  1 STREET   | a. Wonir Ray  | y   |   |  | Miss                 | our i          | b. COUN                     | Rav                          |                                 | D MAN TO        |
| d. FULL NAME OF cit ast is beginned or insultation. Give street address or location)  ASPREAD 325 SOUTH Camden  NOTIFY  ADDRESS  325 SOUTH Camden  NOTIFY  Barbar  DEATH January 2, 195.  SEX (S. COLOR OR RACE White  White  Wild Burt  NOTIFY  MARRIED OF MICHAEL (Section)  NAME OF COLOR OR RACE White  Wild Burt  NAME OF Wild Burt  NAME OF MARRIED OF MICHAEL (Section)  NAME OF MARRIED O | OR  | _   | tURAL and give<br>township)                   | STAY (in this place)                               | i _QR. Ric           | hmond          |                             | v                            | within limits<br>corporated tow | of<br>n?        |
| 3. NAME OF DECEASED DECEASED (Proper Print)  Albert  Ormy  Barber  DEATH January 2, 195  S. SEX  Male  White  Div. Number of Number of Sex (Name)  White  Div. Number of Sex (Name)  No. USUAL OCCUPATION (Circle teled of one)  Laborer  Death January 2, 195  April 1 1887  Orrick Missouri  Div. Number of Susiness on International Control of Sex (Name)  Div. Number of Sex (Name)  April 1 1887  Orrick Missouri  Div. Orged  None  None  None  None  None  None  None  None  None  This does not mean the mode of dying, such the confidence of the state of the  | d. FULL NAME OF (   | If not in hospital or is                        | _   |  | . STREET             | ,              | -                           |                              | 897                             | 0               |
| Councies    |   |   |   |  | <u>  320</u>         | <u>5 Sout</u>  |                             |                              |                                 | _               |
| Second   Color   Col   | DECEASED  |   | D. 4  | (Middle)   | c. (Last)            |                | 4. DATE (1                  | Month) (D                    | •                               |                 |
| Div Orced   19. KIND OF BUSINESS OR IN.   DUSTRY   10. KIND OF BUSINESS OR IN.   10. KIND OF BUSINESS OR IN.   DUSTRY   10. KIND OF BUSINESS OR IN.   1   |   |   |   |  |                      |                | DEATH Ja                    |                              |                                 |                 |
| 190. LUNAL OCCUPATION (cibre ked of row) degradulation and volvibal life, went if relines)  La DOT GT  38. FATHER'S NAME  Andrew Barber  Sarah GOOCH  15. WAS DECEASED EVER IN U.S. ARMED FORCES:  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  NAME  Andrew Barber  Sarah GOOCH  NODE  18. CAUSE OF DEATH  Robert only open consusper line for (a), (b), and (c)  "This does not mean the mode of ships, such as heart fullure, asthenia, tient distant, finder, or conspicion which coused death.  TION  218. DATE OF OPERA.  199. MAJOR FINDINGS OF OPERATION  219. MAJOR FINDINGS OF OPERATION  219. MAJOR FINDINGS OF OPERATION  210. MAJOR FINDINGS OF OPERATION  210. MAJOR FINDINGS OF OPERATION  211. BLACE OF INJURY (a.e., to or about home)  MAJOR MAJOR FINDINGS OF OPERATION  212. ACCIDENT  SUCIDE  199. MAJOR FINDINGS OF OPERATION  213. MAJOR FINDINGS OF OPERATION  214. ACCIDENT  SUCIDE  199. MAJOR FINDINGS OF OPERATION  215. MAJOR FINDINGS OF OPERATION  216. CITY, TOWN, OR TOWNSHIP)  217. INFORMANT'S SIGNATURE OR NAME.  MATECAL CERTIFICATION  ONE AND DEATH  ONE AND  |   |   |   |  |                      | 887            | last birthday)              | Months Day                   | * Hours                         | Mir             |
| And rew Barber Sarah Googh  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Ever in u. S. Armed Forcest  S. Was Deceased Forcest  In Cause of Death  Editer only one enume per line for (a), (b), and (c)  "This does not mean the distent of service) as heart failure, esthenia, such as heart failure, esthenia, for in the first of the above cause (a) stating fate to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (a) stating fate (b) and to the above cause (b)  | <ul> <li>dops during most of working</li> </ul>   | ON (Give kind of working life, even if retired) | 10b. KIND OF B                                | USINESS OR IN-<br>DUSTRY                           | 11. BIRTHPLACE (C    | City and State | e or Foreign Count          | 1y) d 12 c                   | CITIZEN OF                      | WH              |
| Andrew Barber  S. WAS DECEASED EVER IN U. S. ARMED FORCES; 16. SOCIAL SECURITY  NO. OF UNKNOWN)  Of see, jew was not dates of service; 199–10–2279  Mrs. William Borchers Richman Brite and Service in No. Medical Certification  DISCASE OR CONDITION  ANTECEDENT CAUSES  Asorbid conditions, side may giving DUE TO (b)  ANTECEDENT CAUSES  Asorbid conditions, side may giving DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discase or condition causing death.  Sa. DATE OF OPERATION  Tion  18. ACCIDENT  SUICIDE  HOMICIDE  H |   |   |   |  | Orrick A             | Missou         | <u>ri</u>                   |                              |                                 |                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME.   ADDRES   18. CAUSE OF DEATH   18. CAUSE OF DEATH   19. DISEASE OR CONDITION   APPOILABLE OR ON THE COLOR OF STATE OR |   |   | 13b. MC                                       | THER'S MAIDEN                                      | NAME                 | 14. NAM        | E OF HUSBAND                | OR WIFE                      | ,                               |                 |
| State of Death   Disease of Conditions, if any, giring Due to (b)   Application of (s), (b), and (c)   This does not mean the mode of dying, such the underlying cause least.   Due to (c)   Due to (c   |   |   |   | ah Goodi   | 7                    | Non            | e.                          |                              |                                 |                 |
| 18. CAUSE OF DEATH Enter only ope cause per line for (a), (b), and (c)  *This does not mean the man the distance range of different planes as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  *This does not mean the distance of dying, such as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  12. OTHER SIGNIFICANT CONDITIONS  13. DATE OF OPERA-  TION  13. ACCIDENT SUICIDE  SUICIDE  SUICIDE  SUICIDE  SUICIDE  (Bpecily)  21b. PLACE OF INJURY (a.e., is or about of the death but not or active to the disease or condition counting death.  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY)  (STATE)  21d. TIME  (Month)  (Day)  (Year)  (Hour)  21s. INJURY  22i. INJ | 15. WAS DECEASED EVE  | R IN U.S. ARMED                                 | -411  | NO   | 17. INFORMANT        | 'S SIGNA       | TURE OR NA                  | ME.                          | ADDRE                           | SS              |
| MEDICAL CERTIFICATION  INTERVAL BETWEE Bater only open courso per Interval (b), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, de. 11 means the dis- case, injury, or compilea- tion which caused death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the dath but not Tailed to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the dath but not Tailed to the disease or condition causing death.  Page. DATE OF OPERA- TION  TON  DIRECTLY LEADING TO DEATH* (a)  MITCHARL BETWEE  MORE TO DEATH  INTERVAL BETWEE  INTERVAL BETWEE  MORE TO DEATH  ON THIN INTERVAL BETWEE  MEDICAL CERTIFICATION  INTERVAL BETWEE  INTER | NO.   | 10.0  | 499-  | 10-2277  | Mrs. Wil             | lliam          | Borcher                     | s.Rich                       | mond                            | . N             |
| DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Onditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21c. (CITY. TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  21d. Time (Month) (Day) (Year) (Hour) (15 injury occurred North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. I hereby certify that I attended the deceased from North Work)  22d. Date Sign (North Work)  22d. Location (City, town, or counts)  22d. Location (City, town, or counts)  22d. Funeral Director, is if can time the Date Sign (North Work)  22d. Location (City, town, or counts)  22d. Location (City, town, or counts)  22d. Date Sign (North Work)  22d. Date Sign (North Work)  22d. Date Sign (North Work)  22d. Date Sig | Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such | DIRECTLY LEAD  ANTECEDENT C                     | ING TO DEATH• <sub>(2)</sub><br>AUSES         | Chro   | rie my               | der            | oxis                        |                              | NSET AND D                      | EAT             |
| DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Opaditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE INJURY  19c. INJURY OCCURRED WHILE AT WORK  21d. How DID INJURY OCCUR?  WORK  10d. AT WORK  21d. How DID INJURY OCCUR?  22d. I hereby certify that I attended the deceased from Work  22d. SIGNATURE  (Degree or title)  23a. SIGNATURE  (Degree or title)  24c. NAME OF CEMETERY OR CREMATORY  10d. ADDRESS  12d. LOCATION (City, town, or counts)  (State How DID INJURY OCCUR?  (Degree or title)  22d. Location (City, town, or counts)  (State How DID INJURY OCCUR?  (Degree or title)  22d. AUTOPSY?  YES NO  (COUNTY)  (STATE)  24d. How DID INJURY OCCUR?  25d. How DID INJURY OCCUR?  (Degree or title)  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  25d. Location (City, town, or counts)  (State How DID INJURY OCCUR?  (Degree or title)  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  25d. FUNERAL DIRECTOR, S. SIGNATURE  25d. FUNERAL DI |   | the underlying car                              | use last.                                     |  |                      |                |                             |                              |                                 |                 |
| Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE (Bpecity)  21b. PLACE OF INJURY (e.g., in or about NUME)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. Time (Month) (Day) (Year) (Hour)  21d. Injury OCCURRED  21d. Time (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED  WHILE AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from Andrew of the deceased of the deceased from the deceased of the deceased from the deceased from the deceased of the deceased from the deceased  | ease, injury, or complica-  | II. OTHER SIGNI                                 | -,  |  | 200 00 1000          |                | ·                           |                              | <del></del>                     | _               |
| TION  21a. ACCIDENT SUICIDE HOMICIDE HO |   |   |   |  |                      |                |                             |                              |                                 |                 |
| 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCURY  22f. Horeby certify that I attended the deceased from Occurred at 1 1956, and that death occurred at 1 1956, and the deceased from 1  | 19a. DATE OF OPERA-<br>TION   | 195. MAJOR FINI                                 | DINGS OF OPERAT                               | TON.   |                      |                | 422                         | !                            |                                 | -               |
| OF INJURY  10. WHILE AT WORK A | 21a. ACCIDENT<br>SUICIDE<br>HOMICIDE  | (Specify)                                       | 21b. PLACE OF INJU<br>bome, farm, factory, st | RY (e.g., in or about<br>rest, office bldg., etc.) | 21c. (CITY, TOWN, OF | r Township     | ) (COU                      | NTY)                         | (STATE)                         | •               |
| alive on fig. 1926, and that death occurred at Introvent, from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title), 23b. ADDRESS,  24a. BURIAL, CREMA- HON, REMOVAL (Specify)  Jan. 4, 1956  South Point  Orrick, Missouri  DATE REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REG.  Malel Gackson  REGISTRAR'S SIGNATURE  ADDRESS  RICHMONIC MISSOURI  REGISTRAR'S SIGNATURE  ADDRESS   | OF  | (Day) (Year) (                                  | WHILEAT                                       | - NOT WHILE -                                      | 21f. HOW DID INJUR   | Y OCCUR?       |                             |                              |                                 |                 |
| 23a. SIGNATURE (Degree or title) 23b. ADDRESS, 23c. DATE SIGN  24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY ON CREMATORY 24d. LOCATION (Oity, town, or county) (State HOUTE 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   | hat I attended t                                | he deceased from                              | n Dec  | TKN SWM., from       | the causes     | _, 19, the<br>and on the da | at I last sa<br>te stated ab | w the dec                       | eas             |
| HON REMOVAL (Reports) Jan. 4, 1956   South Point Orrick, Missouri  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 273   FUNERAL DIRECTOR'S SIGNATURE ADDRESS REG. Male Oackson Richmond, Wissouri Leaffelle   | 23a. SIGNATURE  | 4. Inj  | tith.   |  |                      | mo             | I, ma                       |                              |                                 | SNE             |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 273 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS FUNERAL DIRECTOR SIGNATURE SI | 24a. BURTAL, CREMA<br>HON REMOVAL (Breedly  | s   | 4   |  |                      |                |                             |                              | (Ste                            | ito)            |
|  | DATE REC'D BY LOCAL   | REGISTRAR'S S                                   | SIGNATURE                                     | 273  |                      |                |                             |                              | .55<br>Q. //                    | _               |
|  | on 4-1456   | 1 malu  |   |  | 1 readministrice ,   |                | <u> per 2</u>               | colle                        | <u>ce</u>                       | é               |

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by ....., Student Embalmer No......,

working under my personal supervision ...

Student ...... Signature of Student Embalmer Licensed Embalmer No. 406

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.