

No. 300
10-48

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15463**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carrollton <input checked="" type="checkbox"/> townshp)		c. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN Brunswick "Rural"	
c. LENGTH OF STAY (in this place) 3 weeks			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital		d. STREET ADDRESS (If rural, give location) 8 miles N. E. of Brunewick	

3. NAME OF DECEASED (Type or Print)	a. (First) ELNORA	b. (Middle)	c. (Last) BARRINGER	4. DATE OF DEATH (Month) (Day) (Year) 5---3-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2-4-1867	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months	# UNDER 2 HRS Days	# UNDER 2 HRS Hours	# UNDER 2 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At. Home	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Bridgeport New York	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Louis W. Barringer	13b. MOTHER'S MAIDEN NAME Nancy Metzger	14. NAME OF HUSBAND OR WIFE none
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Morey Crisman	ADDRESS Brunewick, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 794 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Semility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from March 16, 1949, to May 3, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Brunswick	23c. DATE SIGNED 5/5/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-1949	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) N. E. of Brunwick, Mo.
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DATE REC'D BY LOCAL REG. 5/6/49	REGISTRAR'S SIGNATURE <i>[Signature]</i>	45	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Brunswick
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 REC'D
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-21-49

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.

Signed _____

L. M. ...

Signed _____
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick

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.