

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41724**
Registrar's No. **465**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Hannibal Mo		c. CITY OR TOWN Rural Round Grove town	
c. LENGTH OF STAY (in this place) 1 wk		d. STREET ADDRESS (If rural, give location) Rural.	
d. FULL NAME OF (If not in hospital or institution give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ludia	b. (Middle) Mason	c. (Last) Barter.	4. DATE OF DEATH (Month) (Day) (Year) 12-30-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-8-1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) West of Philadelphia Pa.		12. CITIZEN OF WHAT COUNTRY U.S.A	

13a. FATHER'S NAME Robert Barrett	13b. MOTHER'S MAIDEN NAME Mary P. Lafol	14. NAME OF HUSBAND OR WIFE Thomas L. Barter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) Permit	17. INFORMANT'S SIGNATURE OR NAME Wm. T. P. Carter	ADDRESS Palmyra 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr mycarditis		INTERVAL BETWEEN ONSET AND DEATH 89040 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) fractured lt hip		
	DUE TO (c) senility		
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 Fractured hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Palmyra Mo	ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall	

22. I hereby certify that I attended the deceased from **12-20, 1949**, to **12-30, 1949**, that I last saw the deceased alive on **12-30, 1949**, and that death occurred at **1:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 1001 Phy Philadelphia	23c. DATE SIGNED 1-3-50
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24a. BOBIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-1-1950	24c. NAME OF CEMETERY OR CREMATORY Little Union	24d. LOCATION (City; town; or county) (State) Marion County Mo.
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DATE REC'D BY LOCAL REG. 1-6-50	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	FUNERAL DIRECTOR'S SIGNATURE B. M. Allen	ADDRESS Philadelphia Mo.
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RECEIVED JAN 10 1950
MAR... HEALTH DEPT.
DATE FILED JAN 12 1950

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 _____

R M Allen

Signed _____
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Philadelphia Pa

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.