

BARNUM

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 4720
 BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5576 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. Gelsberg</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Berlin</u> b. (Middle) <u>Marion</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11-1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23-1870</u>		9. AGE (In years last birthday) <u>-69 79</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rushville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Marion Woods</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Woods</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Woods Mtn View, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of throat</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.				<u>148X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)			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 June, 1949, to Feb 9, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 1:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley Barnum</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Mountain View Mo</u>		23c. DATE SIGNED <u>2-18-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mtn View</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn View, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-20-50</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED FEB 27 1950

RECEIVED 2/23/50
District Health Officer No. 8
District File Number 250 127
Date Filed 2/24/50

Death of [unclear]

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Joe R. Duncan*
Student Embalmer No.....
Licensed Embalmer No. *4225*
P. O. Address *St. Louis 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.