No. 300
10.48

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16416

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 447 A

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: OZARK OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View 1460
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Elsie
c. (Last): Barron

4. DATE OF DEATH (Month) (Day) (Year): 5-9-50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-3-1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 0, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bluffton, Ind.
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Elmer E. Walbert
13b. MOTHER'S MAIDEN NAME: Ellie Houtz
14. NAME OF HUSBAND OR WIFE: Herbert Barron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No. unknown
17. INFORMANT'S SIGNATURE OR NAME: Herbert Barron — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia (Diabetic Coma) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus due to

~~DUE TO~~ (c) Unknown cause

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7, 1950, *to* 5-9, 1950, *that I last saw the deceased alive on* 5-9, 1950, *and that death occurred at* 5:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Leland E. Wetzel (Degree or title) D.O.
23b. ADDRESS 700 E. Sunshine, Springfield
23c. DATE SIGNED 5-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10 MAY 1950
24c. NAME OF CEMETERY OR CREMATORY: BATESVILLE CEME.
24d. LOCATION (City, town, or county) (State): BATESVILLE, ARKANSAS

DATE REC'D BY LOCAL REG.: 5-15-50
REGISTRAR'S SIGNATURE: M. E. Handley M.D.
FUNERAL DIRECTOR'S SIGNATURE: J. W. Klingner & Co.
ADDRESS: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 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.

Student .....
Student Embalmer

Signed Mal Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.