

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31274

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>1804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 404 S. Hancock</u>		d. STREET ADDRESS (If rural, give location) <u>404 South Hancock</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaretta</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Barber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>29</u> <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>	8. DATE OF BIRTH <u>March 31, 1860</u>
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>5</u>	11. DAYS <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Carro Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>America</u>	

13a. FATHER'S NAME <u>George Petersen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Von Nida Petersen</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Barber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss May Barber</u>	ADDRESS <u>404 S. Hancock</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (sigmoid bowel)</u> b. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> c. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>153X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>metastatic carcinoma</u>	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)
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?

22. I hereby certify that I attended the deceased from July, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Sweeney</u>	(Degree or title)	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>8/31/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/31/50</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Sweeney</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-50

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

H. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia 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.