

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3748

State File No. 5701

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. ~~5701~~ Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFIELD, MO</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u> weeks		d. STREET ADDRESS (If rural, give location) <u>ALEXANDER TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>	b. (Middle) <u>-</u>	c. (Last) <u>BARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23, 1893</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John R. Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Hobbs</u>	14. NAME OF HUSBAND OR WIFE <u>-</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer Barr</u>	ADDRESS <u>Fairfield, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>234X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u>		
	DUE TO (c) <u>Senility</u>		
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)	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 never, 19-, to never, 19-, that I last saw the deceased alive on never, 19-, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. W. Morland (Coroner)</u>	23b. ADDRESS <u>Del. Cole Camp</u>	23c. DATE SIGNED <u>3-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Resw</u>	ADDRESS <u>Wasson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-5-51 _____

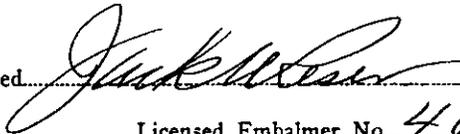
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4643 _____

P. O. Address Warsaw, 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.