

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4413

State File No. ....

FILED FEB 26 1951

128

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

3960

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>GREENE</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> c. LENGTH OF STAY (in this place) <b>2 weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Burge Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> d. STREET ADDRESS (If rural, give location) <b>916 North Douglas</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>E</b> b. (Middle) <b>Sewell</b> c. (Last) <b>Barry</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 17, 1951</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 9, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>VARIED</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Tennessee</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>James Barry</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Helen West</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna Lea Barry</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs Anna Lea, Springfield, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Decompensating Heart.</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c)	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2-10-51</b>  <b>4201</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 2-10-1951, to 2-17-1951, that I last saw the deceased alive on 2-17-1951, and that death occurred at 9:00A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>C. E. Feller M.D.</b>	<b>23b. ADDRESS</b> <b>609 Cherry Springfield</b>	<b>23c. DATE SIGNED</b> <b>2-19-51</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Feb 17, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Maple Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Springfield, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-19-51</b>	<b>REGISTRAR'S SIGNATURE</b> <b>W.E. Landly</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Alma Schmeyer, Springfield, Mo.</b>
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CG  
Prof

FILED  
MAY 27 1951

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 James W. Wain

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.