

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23844**

FILED JUL 23 1951

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BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) AUSTA b. (Middle) CAROLINE c. (Last) BARCROFT			4. DATE OF DEATH July 7, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 22, 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Eli Riddle		13b. MOTHER'S MAIDEN NAME Augusta Coons	14. NAME OF HUSBAND OR WIFE Stacy Brown Barcroft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ray Barcroft, 707 W. Spring, Neosho, Mo.
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) Congestive Heart Failure 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4341	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>July 5, 1951</u> to <u>July 7, 1951</u> , that I last saw the deceased alive on <u>July 7, 1951</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE McCartney D. (Degree or title)		23b. ADDRESS Neosho Mo	
23c. DATE SIGNED July 8 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A		24b. DATE July 9, 1951	
24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery		24d. LOCATION (City, town, or county) (State) Goodman, Missouri	
DATE REC'D BY LOCAL REG. July 9, 1951		REGISTRAR'S SIGNATURE 223	
25. FUNERAL DIRECTOR'S SIGNATURE John B. Robinson		ADDRESS Goodman, Missouri	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer ~~W. J. [unclear]~~

District File Number 757-167

Date Filed 9/29/51

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John B. Papinian
Licensed Embalmer No. 4446
P. O. Address Goodman, 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.