No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7943

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 11

36 / 1

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lonedell
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie Twp
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Barrett

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-25-73
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months / Days | 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:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leonard Jones
13b. MOTHER'S MAIDEN NAME: Martha Peppers
14. NAME OF HUSBAND OR WIFE: Jas. Barrett

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Tim George
ADDRESS: Lonedell 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency & cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis generalized — 2-3 yrs.

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: 4201
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* _____, 1951, *to* Death, 19____, *that I last saw the deceased alive on* 4-1, 1952, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Pearl (Degree or title) MD
23b. ADDRESS: St. Clair Mo.
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-52
24c. NAME OF CEMETERY OR CREMATORY: Prospect
24d. LOCATION (City, town, or county): Lonedell (State): Mo

DATE REC'D BY LOCAL REG.: 4-3-52
REGISTRAR'S SIGNATURE: 96-P L. L. Worthington
25. FUNERAL DIRECTOR'S SIGNATURE: Casey & Lenox
ADDRESS: St. Clair, Mo.

m. (Licensed Embalmer's Statement on Reverse Side)

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

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 Colin Forbes, Student Embalmer No. 439, working under my personal supervision.

Student Colin Forbes
Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.