

S. No. 300
EV. 10-48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12113

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY <u>SUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>4 WEEKS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI METHODIST HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OREGON</u> <u>0440</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELLA</u> b. (Middle) <u>RUTH</u> c. (Last) <u>BARBOUR WOOD</u>		4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>23</u> (Year) <u>1952</u>	
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>AUGUST 21, 1911</u>
9. AGE (In years last birthday) <u>40</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FOREST CITY, MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID BARBOUR</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA M. POLLOCK</u>	
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>MRS. KATHARINE BBUNDAGE</u>		ADDRESS <u>1114 WRIGHTWOOD</u>	
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 CHICAGO 14 ILL.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>central hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		5 years	
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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>4/15/52</u> , 1952 to <u>4/23</u> , 1952, that I last saw the deceased alive on <u>4/23</u> , 1952 and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Toopas M.D.</u>		23b. ADDRESS <u>420 N. 8th St. Joplin Mo</u>	
23c. DATE SIGNED <u>4/25/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 26, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>OREGON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>		ADDRESS <u>Oregon Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.