

No. 300  
10.48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15744  
Registrar's No. 175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Jefferson City</u> 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS (If rural, give location) <u>529 Washington St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>-</u> c. (Last) <u>BARRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1-7-1870</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo (Osage Co)</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Elisha Mealy</u>	
13b. MOTHER'S MAIDEN NAME <u>J.K.</u>		14. NAME OF HUSBAND OR WIFE <u>J.K.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital, Fulton, Mo</u>		ADDRESS	
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) <u>senile dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> 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>4500</u>	
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) (Minute)		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>5-14</u> , 19 <u>52</u> , to <u>5-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>52</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M.J. Miller</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>10 State Hospital Fulton MO</u>	
23c. DATE SIGNED <u>5-14-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LONGVIEW</u>	
24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>		DATE REC'D BY LOCAL REG. <u>May-19-1952</u>	
REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J2 C. MO.</u>	

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

2997 E 1007

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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.....

*Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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.