

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30595

State File No.

S. No. 300
V. 10.48

FILED SEP 8 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>Wright 1141</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>				
b. CITY OR TOWN <u>Mtn Grove</u>		c. LENGTH OF STAY (in this place) <u>Jewsburg</u>		d. STREET ADDRESS (If rural, give location)				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cannon Mem. Hosp</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) _____ c. (Last) <u>Barrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19, 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 26, 1890</u>		9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>1</u>	11. DAYS <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AYR. Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>NEB.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Allen</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>David L. Barrett</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>David L. Barrett</u> ADDRESS <u>Mtn Grove Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) _____		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>Aug 5, 1952</u> , to <u>Aug 19, 1952</u> , that I last saw the deceased alive on <u>Aug 19, 1952</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Delaney M.D.</u> (Degree or title)				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>Aug 20, 1952</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, MO</u>		
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>A.G. Ames</u> <u>348-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shable-Windley</u> ADDRESS <u>Mtn Grove</u>				

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

JUN 28 1954

ST. CO. HEALTH DEPT.
County File Number 952-105
Date Filed 9-6-52

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 Frank Liabe

Licensed Embalmer No. 4140

P. O. Address Intn Grove, 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.