

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42861**

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 East 5th Street</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> <u>1661</u> d. STREET ADDRESS (If rural, give location) <u>424 East 5th Street</u>		
3. NAME OF DECEASED a. (First) <u>ETHEL</u> b. (Middle) <u>MAY</u> c. (Last) <u>BARBOUR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1881</u>	9. AGE (In years last birthday) <u>71</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Etterville, Missouri</u>	
13a. FATHER'S NAME <u>Al Messersmith</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>W. G. Barbour</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Barbour</u> <u>Eldon, Mo.</u>	
MEDICAL CERTIFICATION					
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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Corneo-Vascular Renal</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>442x</u>			
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>1/5</u>, 19<u>50</u> to <u>12/10</u>, 19<u>52</u>, that I last saw the deceased alive on <u>12/10</u>, 19<u>52</u>, and that death occurred at <u>12:45 P.M.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. Miller M.D.</u>		23b. ADDRESS <u>Eldon, Mo.</u>		23c. DATE SIGNED <u>12/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ma. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis D. Phillips</u> <u>Eldon</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Adelberta Walt</u>			

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 _____
Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.