

STANDARD CERTIFICATE OF DEATH

State File No. **21206**

No. 300
10.48

620

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

FILED JUN 29 1953		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 3020	Registrar's No. 126
1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. LENGTH OF STAY (in this place) 7 days.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.		d. STREET ADDRESS (If rural, give location) R. #1 E. 0360		
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) Luther		c. (Last) Barrett
4. DATE OF DEATH (Month) (Day) (Year) June 23rd, 1953				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 29th, 1870.	9. AGE (In years last birthday) 82 IF UNDER 1 Year 8 Months 24 Days IF UNDER 24 Hrs. 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm.		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME James Polk Barrett.		13b. MOTHER'S MAIDEN NAME Ann Stites.		14. NAME OF SPOUSE OR WIFE Anna E. Barrett.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edgar Lehmann ADDRESS Washington, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chc. nephritis		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) arterio-sclerosis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS		Myocardial degeneration		8 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X			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 Feb 8, 1947 , to June 23, 1953 that I last saw the deceased alive on June 22, 1953 and that death occurred at 2:00 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE To Murch (Degree or title)		23b. ADDRESS 225 E. Washington Mo.		23c. DATE SIGNED 6-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1953.	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. 6/25/53	REGISTRAR'S SIGNATURE E. J. Lehmann	25. FUNERAL DIRECTOR'S SIGNATURE Hieburg & Vitt, Inc. ADDRESS Washington, Mo.		

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 *A. J. Neberg*

Licensed Embalmer No. 2387

P. O. Address Washington, 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.