

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23824**

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

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville</u>		0820 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dougherty Osteopathic</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>Lucrécia</u> c. (Last) <u>Barber</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-1953</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>Jan 29-1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wife</u>		9. AGE (In years last birthday) <u>80</u>		If UNDER 1 YEAR: Months <u>5</u> Days <u>25</u> Hours <u>25</u> Min. <u>0</u>	
11a. FATHER'S NAME <u>James W. Riggs</u>		13b. MOTHER'S MAIDEN NAME <u>Lucrécia Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Barber</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Lee Barber - Curryville 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Due to (b) <u>Uremia</u> Due to (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>10 days.</u> <u>4 yrs.</u>			
19b. MAJOR FINDINGS OF OPERATION		592X		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) (Min.)		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>7-20</u> , 1953, to <u>7/24</u> , 1953, that I last saw the deceased alive on <u>7/24</u> , 1953, and that death occurred at <u>7:15 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. M. Dougherty 2nd</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>7/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Church</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 25/1953</u>		REGISTRAR'S SIGNATURE <u>Mallie Fugate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. E. Moore - Bowling Green Mo</u>			

AUG 4 1959

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. B. Elnor

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.