

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32520**  
Registrar's No. **187**

FILED OCT 5 1953		BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO. <b>5846</b>	Registrar's No. <b>187</b>		
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Page</b>				
b. CITY OR TOWN <b>Rural Lincoln</b>		c. LENGTH OF STAY (In this place) <b>3 wks</b>		c. CITY OR TOWN <b>Blanchard</b>		8 140 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 1/2 Mi S E Blanchard,</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED a. (First) <b>Phillip</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Barritt</b>			4. DATE OF DEATH (Month) <b>Sept</b> (Day) <b>-25-</b> (Year) <b>1953</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec-3-1938</b>		
9. AGE (In years less birthday) <b>14</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<b>School student</b>			<b>High School</b>		<b>Iowa</b>		<b>US</b>	
13a. FATHER'S NAME <b>Clifford Barritt</b>			13b. MOTHER'S MAIDEN NAME <b>Edna Walkinshaw</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth Barritt</b> ADDRESS <b>Blanchard, Ia</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediate death.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No operations</b>					20. AUTOPSY? <b>E 8160</b> <b>26</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) <b>Country road</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Lincoln</b> (STATE) <b>Mo</b>				
21d. TIME OF INJURY <b>9 25-1953 4 P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2 trucks Collided on Nodaway Country Rd</b>				
22. I hereby certify that I attended the deceased from <b>not</b> , 19 <b>attended</b> , 19 <b>attended</b> , that I last saw the deceased alive on <b>Not seen</b> , and that death occurred at <b>4 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Dr. L. Dean - Coroner Mo</b> (Degree or title)				23b. ADDRESS <b>Maryville Mo</b>		23c. DATE SIGNED <b>9-28-53</b>		
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <b>Removal</b>		24b. DATE <b>9/28/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blanchard Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Blanchard, Iowa</b>		
DATE REC'D BY LOCAL REG. <b>10.3.53</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Westboro, Mo</b> ADDRESS			

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

**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 \_\_\_\_\_

**A R Tucker II**

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. R. Tucker II*

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

**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.