

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39774

State File No.

FILED DEC 9 1953

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4357 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY OR TOWN <u>Versailles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>E. McHair St. 0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. McHair St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amanda</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Barter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 24, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 12 Hrs. Hours <u>1</u> Min. <u>1</u>
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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 <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Bowen</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Bowen</u>	14. NAME OF HUSBAND OR WIFE <u>William Barter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Loyd Nichols</u>	ADDRESS <u>Versailles, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>3 years</u> <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic Pulmonary edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Dilatation</u> DUE TO (c) <u>Toxic Gastric</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>2520</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1949, to Nov, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Kaufman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>Nov. 27, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>27 Nov. 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green-Crook Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-27-53</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. F. Edmell</u>	ADDRESS <u>Versailles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720

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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.....
Signature of Student Embalmer

Signed *Raymond C. Larber*.....

Licensed Embalmer No. *4626*.....

P. O. Address *Verona, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.