

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9758**

FILED APR 6 1954

REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6038** Registrar's No. **436**

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6038		Registrar's No. 436	
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FLATWOODS		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FLATWOODS		0910 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIRDEALING STAR ROUTE				d. STREET ADDRESS (If rural, give location) FAIRDEALING STAR ROUTE			
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) IRENE c. (Last) BARRETT			4. DATE OF DEATH (Month) (Day) (Year) MARCH 19-1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 14-1888		9. AGE (in years) (last birthday) 65	IF UNDER 1 YEAR (Months) 7	IF UNDER 24 HRS. (Days) 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) MINERAL SPRINGS - ARK		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK REVILLE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WILLIAM BARRETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLIAM BARRETT - FAIRDEALING 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, asthma, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empiselas face ANTECEDENT CAUSES Septicemia 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 Myocardial insufficiency Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 5 days ?					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 052X				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) _____		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 2/15 , 19 54 , to 2/19 , 19 54 , that I last saw the deceased alive on 2/15 , 19 54 and that death occurred at 6:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. J. Meier (Degree or title)				23b. ADDRESS Keokuk Bluff, Mo		23c. DATE SIGNED 3/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/21/54		24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEM. DONIPHAN, MISSOURI		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 3-27-54		REGISTRAR'S SIGNATURE Ed Johnston 277		25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME - DONIPHAN ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

910
1

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

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.