

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12856**

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

Dr. Bartlett
Steele Mo.
FILED APR 29 1954

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **1908** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Permisent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Permisent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Hilland Twp.	c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Hoyt	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hilland		e. STREET ADDRESS (If rural, give location) 078 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Burrow c. (Last) Burrow	4. DATE OF DEATH (Month) (Day) (Year) 4-11-54							
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH unknown abt 83	9. AGE (In years) (Month) (Day) (Hours) (Min.) abt 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lake Co Tenn	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W Barron	13b. MOTHER'S MAIDEN NAME unknown	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) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Francis Barron ADDRESS Steele St 3

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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respirator failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia 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 491 X	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 **4-10**, 19**54**, to **4-10**, 19**54**, that I last saw the deceased alive on **4-10**, 19**54**, and that death occurred at **1:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Bartlett (Degree or title) D.O.	23b. ADDRESS Steele, Mo.	23c. DATE SIGNED 19 April 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-13-54	24c. NAME OF CEMETERY OR CREMATORY Mt Zion
24d. LOCATION (City, town, or county) (State) Steele Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Harmon Widd Co. Steele Mo ADDRESS	
DATE RECD BY LOCAL REG. 4/13/54	REGISTRAR'S SIGNATURE [Signature] NO. 249-0	

4-88-54

MEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 27 1954

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.....
John W German

Licensed Embalmer No. 43

P. O. Address Hayti

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.