No. 300
10.48

0

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

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26620

State File No.

BIRTH NO. 76876-53 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Mo.
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1119 E. Elm

0269

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ALLEN
c. (Last): BARRETT

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: Nov. 25, 1953

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 8 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Jefferson City, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Barrett

13b. MOTHER'S MAIDEN NAME: Stella Herbrandt

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Charles Barrett — ADDRESS: J. C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Thro. Colic Intussusception — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

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. 5700

19a. DATE OF OPERATION: 11 am 8/13/54

19b. MAJOR FINDINGS OF OPERATION: Thro. Colic Intussusception

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-13, 1954, *to* 8-15, 1954, *that I last saw the deceased alive on* 8-13, 1954, *and that death occurred at* 10:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. McHaney (Degree or title) MD 0

23b. ADDRESS: Jefferson City, Mo

23c. DATE SIGNED: 8/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/16/54

24c. NAME OF CEMETERY OR CREMATORY: Resurrection

24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Aug 14-1954

REGISTRAR'S SIGNATURE: R. P. Dorris MD RR

25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle — ADDRESS: J. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address.....

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