

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3734

BIRTH NO.		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>TEXAS</b>			
b. CITY OR TOWN <b>MTN. GROVE</b>		c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SQT. Twp. 1070</b>		d. STREET ADDRESS (If <del>not</del> give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSP.</b>							
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First)		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>BARR</b>	
4. DATE OF DEATH <b>JAN. 18-55</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>2 MAR. 26, 1873</b>		9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (State or foreign country) <b>PENN.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GEO. MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY LEWIS</b>		14. NAME OF HUSBAND OR WIFE <b>MILTON S. (DEC.)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Howard Barr, Cabool, Mo.</b>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> ANTECEDENT CAUSES DUE TO (b) <b>Shock</b> DUE TO (c) <b>Fracture femur of femur. (right)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 day</b> <b>11</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>107</b>			
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?			
22. I hereby certify that I attended the deceased from <b>1-13</b> , 19 <b>55</b> , to <b>1-18</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>1-18</b> , 19 <b>55</b> , and that death occurred at <b>7:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. E. Craig, D.O.</b>				23b. ADDRESS <b>Mountain Grove Mo</b>		23c. DATE SIGNED <b>1-21-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-23-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. PISGAH</b>		24d. LOCATION (City, town, or county) (State) <b>TEXAS CO., MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-25-55</b>		REGISTRAR'S SIGNATURE <b>A. B. Amos.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James L. Henty,</b>		ADDRESS <b>Cabool, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1933  
WRIGHT CO. HEALTH DEPT.

County File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

RECEIVED FEB 1 1933  
WRIGHT CO. HEALTH DEPT.  
County File Number 255-15  
Date Filed 2-5-33

### 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 James L. Sentry

Licensed Embalmer No. 4718

P. O. Address Calico, 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.