

FILED MAR 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 3833

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia, Missouri 1.</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>		c. CITY OR TOWN <u>Vandalia, Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ <u>0046</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 Highway 54 West</u>				e. STREET ADDRESS (If rural, give location) <u>709 Highway 54 West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Novella</u>		b. (Middle) _____		c. (Last) <u>Barrett.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1955.</u>	
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>Sept 13, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR <u>5</u> MONTHS <u>23</u> DAYS <u>0</u> HOURS <u>0</u> MIN.		11. BIRTHPLACE (City and State or Foreign Country) <u>New Harmony, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Montgomery Gorkley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah K. Branstetter</u>	
14. NAME OF HUSBAND OR WIFE <u>Asa Barrett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Kathryn Smith</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>15 yrs.</u> <u>15 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (Min.)		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 <u>Jan 10</u> , 19 <u>50</u> , to <u>Mar 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>55</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Dougherty</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Vandalia, Missouri.</u>		23c. DATE SIGNED <u>3-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>March 7/1955</u>		REGISTRAR'S SIGNATURE <u>Mallo Fugua</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilcox</u>		ADDRESS <u>Barry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Plymouth Wilkey

Licensed Embalmer No...3820...

P. O. Address...Perry, Miss

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.