

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13841

State File No.

| | | | | | | | |
|--|--|--|------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>170</u> | | PRIMARY REG. DIST. NO. <u>5630</u> | | Registrar's No. <u>625</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Laclede</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Laclede</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon Rural</u> | | c. LENGTH OF STAY (If in place) _____ | | c. CITY OR TOWN <u>Lebanon Rural</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #1</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rural Route #1</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>Ellen</u> | | b. (Middle) _____ | | c. (Last) <u>Barber</u> | | Month (Day) (Year) <u>April 8 1956</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Oct. 13, 1888</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Grant</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Morrison</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ancil Barber</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 ADDRESS <u>Fred Barber St. James Mo.</u> | | | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apparent Heart Condition Inact.</u> | | | |
| * This does not mean the mode of dying, such as heart failure, arthemia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| | | | | 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. <u>Had Influenza about 2 weeks ago but had no Physician</u> | | | |
| 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) _____ | | | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Hella L. Hloy, Local Registrar</u> | | | | 23b. ADDRESS <u>Lebanon, Mo.</u> | | 23c. DATE SIGNED <u>4-9-1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/13/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>56 Washington Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Lebanon, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-9-1956</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Hloy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halman Funeral Home Lebanon Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-16-56
Laclede County Health Unit
File No. 62
Date Filed 4-16-56

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 Darsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.