

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21158**

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5721** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Mo b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give town or township) Callao TWP.	c. LENGTH OF STAY (In this place) -	c. CITY OR TOWN Callao	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION -		e. STREET ADDRESS (If rural, give location) 0618	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Betty	b. (Middle) -	c. (Last) BARNAN	(Month) 6	(Day) 25	(Year) 56

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-10-61	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months - Days -	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Callao Mo		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaiah Minton	13b. MOTHER'S MAIDEN NAME Mary Jane Robbin	14. NAME OF HUSBAND OR WIFE -			
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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 ADDRESS Jess Barnan, Callao Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				1 week
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Senile Debility	DUE TO (c) Arterio Sclerosis	
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 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6/18, 1956**, to **6/25, 1956**, that I last saw the deceased alive on **6/25, 1956**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jess A. Madgett	23b. ADDRESS Macon Mo.	23c. DATE SIGNED 6/29/56
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24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE 6/27/56	24c. NAME OF CEMETERY OR CREMATORY Laurel Grove	24d. LOCATION (City, town, or county) (State) Callao Mo
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DATE REC'D BY LOCAL REG. 7/3/56	REGISTRAR'S SIGNATURE Kath Wheeler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jess Barnan, Callao Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7.11.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.56.105
Date Filed 7.12.56

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 *H. Edwards*

Licensed Embalmer No. 196

P. O. Address *Brewer*

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.