

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21269

State File No. \_\_\_\_\_

FILED JUN 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>5809</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville Twp</u>		c. LENGTH OF STAY (In this place) <u>100</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		d. STREET ADDRESS (If rural, give location) <u>100a West Hudson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles south Mineola, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>100a West Hudson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SIMS</u>		b. (Middle) <u>BLAIR</u>		c. (Last) <u>BARRET</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 2 1894</u>		9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>7</u>		11. DAYS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Mo. Power Light Power &amp; Light</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DeWitt, Mo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DeWitt, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Company Brodie Barret</u>		13b. MOTHER'S MAIDEN NAME <u>Agatha Sims</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Barret</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-5869</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Barret, Wellsville</u>		ADDRESS <u>Wellsville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza (Jan. 1956)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>4 months</u> <u>1 year</u> <u>5 months</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellsville, Montg. Co., Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 17, 1956</u> , to <u>June 9, 1956</u> , that I last saw the deceased alive on <u>June 9, 1956</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas R. Sawyer, M.D.</u>		23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>June 14, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/17/56</u>		REGISTRAR'S SIGNATURE <u>James B. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Hill</u>		ADDRESS <u>Wellsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 10 1953

1951 4 83M

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.