

STANDARD CERTIFICATE OF DEATH

State File No. **21484**

FILED JUN 18 1956

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Louisiana		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike County Hospital				e. STREET ADDRESS 522 South 3 rd. Street			
3. NAME OF DECEASED a. (First) Elizabeth		b. (Middle) T. Barley		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH June 22, 1888	
9. AGE (In years last birthday) 67		10. UNDER 1 YEAR 11 MONTHS 8 DAYS		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher (retired)		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		13a. FATHER'S NAME Samuel Elgin		13b. MOTHER'S MAIDEN NAME Susan Tillitt	
13c. NAME OF HUSBAND OR WIFE Glenn		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. SOCIAL SECURITY NO. no		16. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Tillitson, Louisiana, Mo.	
17. 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia ANTECEDENT CAUSES Multiple Calculi left Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Calculi left DUE TO (c) Abcess left kidney II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 602x				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None - RT kidney removed 1950				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 1949, to 5-28, 1956 that I last saw the deceased dying on 5-28, 1956 and that death occurred at 8:45 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Barbara Collier M.D.				23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 5-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1956		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
25. DATE REC'D BY LOCAL REG.		25a. REGISTRAR'S SIGNATURE Barbara Collier		25b. FUNERAL DIRECTOR'S SIGNATURE George D. Wagner		25c. ADDRESS Louisiana, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

JUL 20 1956

JUL 15 1957

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 *George O. Wagner*.....
Licensed Embalmer No. *37*

P. O. Address *Louisiana*.....

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.