

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21786**
Registrar's No. **5488**

FILED JUN 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri | | c. LENGTH OF STAY (in this place) 36 days | c. CITY OR TOWN Monett, Missouri |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) Route #1 | | 00501 | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) Arthur | b. (Middle) Barrett | c. (Last) Ethridge |
| 4. DATE OF DEATH | (Month) 6 | (Day) 8 | (Year) 56 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5-1-1917 |
| 9. AGE (in years last birthday) 39 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardmaster | 10b. KIND OF BUSINESS OR INDUSTRY Railway | 11. BIRTHPLACE (City and State or Foreign Country) Pueblo, Colorado | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Manford Ethridge | 13b. MOTHER'S MAIDEN NAME Norma Barrett | 14. NAME OF HUSBAND OR WIFE Mary Ellen | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME David Barrett Ethridge | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 17. ADDRESS Monett, Mo. | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH 2 mos | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 2. ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Carcinoma lung | |
| DUE TO (c) | | 3. OTHER SIGNIFICANT CONDITIONS | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION April 25, 1956 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma left lung | 20. 163x | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., type about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | 21f. HOW DID INJURY OCCUR? |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 22. I hereby certify that I attended the deceased from April 11, 1956 , to June 8, 1956 , that I last saw the deceased alive on June 8, 1956 , and that death occurred at 12:05 p. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE George A. Mahe MD | (Degree or Title) | 23b. ADDRESS 4161 Lindell Blvd | 23c. DATE SIGNED June 8, 1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE June 8, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Liberty, | 24d. LOCATION (City, town, or county) (State) Monett, Missouri |
| DATE REC'D BY LOCAL REG. JUN 8 1956 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway | |

JUN 21 1956

JUN 26 1956

JUL 6 1956

AUG 9 1956

FEB 28 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 *William B. White*.....

Licensed Embalmer No. *4291*

P. O. Address *4228 1/2 Ave*

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.