

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24819

6035

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 7 Days		c. CITY OR TOWN Hillsboro		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 121 E. Summer				
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Anna c. (Last) Barringer			4. DATE OF DEATH June 23, 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 23, 1878		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Christian Co, Illinois		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Kutter		13b. MOTHER'S MAIDEN NAME Phillipine Doerr		14. NAME OF HUSBAND OR WIFE Jason Barringer		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clem C. Cress Hillsboro, Illinois				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Femoral artery occlusion Femoral artery occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary embolism Pulmonary embolism DUE TO (c) Cardio Vascular Disease Cardio Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C Hypertension & Fibrillation				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days years		
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no with hypertension & Fibrillation				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) (Minute)		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 June 17, 1956 , to June 23, 1956 , that I last saw the deceased alive on June 23, 1956 , and that death occurred at 3:05 P.M. , from the causes and on the date stated above 6-25-56								
23a. SIGNATURE Neurologist Dr. Thym M.W. M.D.				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 6/25/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Hillsboro, Illinois		
DATE REC'D BY LOCAL REG. JUN 26 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Bass - Hillsboro, Illinois				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. P. Thym 508 No. Grand Blvd
or Je. 1-9501
Dr. C. E. Mueller Mo. Theatre Bldg
Je. 3-7469

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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..... *O. E. Bass*

Licensed Embalmer No. 2675.....

P. O. Address Hillsboro, Ill.....

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.