

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 7-1956

33114  
State File No. 77

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5110</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grassy</u>		c. LENGTH OF STAY (in this place) <u>Her life</u>		c. CITY OR TOWN <u>Grassy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>2090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Barrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10th 28 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug. 9 1890</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>2 19 8-10-21</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>William Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Pound</u>	
13c. NAME OF HUSBAND OR WIFE <u>Robert Barrett</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME <u>Hugh Barrett</u>	
16. ADDRESS <u>Grassy MO</u>		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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21c. 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"/>		21f. DATE OF DEATH <u>10/28/56</u>		21g. TIME OF DEATH <u>8 P. M.</u>		21h. I hereby certify that I attended the deceased from <u>5/2</u> , 19 <u>48</u> , to <u>10/28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/14</u> , 19 <u>56</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.	
22a. SIGNATURE (Degree or title) <u>John J. Myers</u>		22b. ADDRESS <u>227 Lutesville Mo</u>		22c. DATE SIGNED <u>10/29/56</u>		22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
22e. DATE <u>10-29-56</u>		22f. NAME OF CEMETERY OR CREMATORY <u>Grassy, Cemetery</u>		22g. LOCATION (City, town, or county) (State) <u>Near Glenallen Mo</u>		22h. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	
22i. DATE REC'D BY LOCAL REG. <u>10-29-56</u>		22j. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		22k. ADDRESS <u>Lutesville</u>		22l. (Licensed Embalmer's Statement on Reverse Side)	

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

NOV 3 1953

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.....  
L. J. Baker

Licensed Embalmer No. 3573

P. O. Address Tatesville

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.