

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3316**

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **3071** Registrar's No. **17**

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) SLATER		c. CITY OR TOWN MARSHALL	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 YRS		No. STREET ADDRESS (If rural, give location) 454 S. GAAND 09 12	
d. FULL NAME OF HOSPITAL OR INSTITUTION JARVIS REST HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) LULA	b. (Middle) CAROLINE	c. (Last) HIGHBARGER	4. DATE OF DEATH (Month) (Day) (Year) JAN 8 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH SEPT. 15, 1870	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) MONTGOMERY CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME THOMAS BARTEE	13b. MOTHER'S MAIDEN NAME EEMELINE HUBBARD	14. NAME OF HUSBAND OR WIFE ADA JOSEPH
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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 Mary Bennett	ADDRESS Marshall Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis & failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 1955**, to **Jan 8, 1957**, that I last saw the deceased alive on **Nov 7, 1956**, and that death occurred at **5:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE C. A. McBurney, M.D. (Degree or title)	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 1/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1/11/1957	24c. NAME OF CEMETERY OR CREMATORY RIDGE PARK	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
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DATE REC'D BY LOCAL REG. 1-12/57	REGISTRAR'S SIGNATURE Mr. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Walter Haines	ADDRESS Slater, Mo.
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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 *Walter J. Haines, Jr.*

Licensed Embalmer No. *1455*

P. O. Address *State*

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.