

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34513

STATE FILE NUMBER

 Registration District No. 324 Primary Registration District No. 6086 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt Fork Twp.		c. CITY OR TOWN Salt Fork Twp.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Napton R.#2		d. STREET ADDRESS (If outside, give location) Napton R.# 2	
3. NAME OF DECEASED (Type or print) First Jesse Middle Marshall Last Barrett		4. DATE OF DEATH Month Sept. Day 16th Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Greenfield, Indiana
13a. FATHER'S NAME Templeton T. Barrett		13b. MOTHER'S MAIDEN NAME Melissa Cooper	14. NAME OF HUSBAND OR WIFE Bertha Black Barrett
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. 495 40 3707	17. INFORMANT Address J.M. Barrett Jr. Roanoke, Virginia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Sclerosis DUE TO (c) Gen. Arteriosclerosis PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 26 hrs. 8 yrs. 15 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1 July 57 to 16 Sept 57 and last saw her alive on 15 Sept 57 Death occurred at 4-45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. M. Marshall (Print name or title)		22b. ADDRESS Ms	
22c. DATE SIGNED 16 Sept 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 18, 1957	
23c. NAME OF CEMETERY OR CREMATORY Smith Memorial cemetery		23d. LOCATION (City, town, or county) (State) Saline County Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 9-14-57	
26. REGISTRAR'S SIGNATURE Carl A. Reed			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 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 *James A. Lewis Jr.*

Licensed Embalmer No. *4709*
P. O. Address *Marshall Mo*

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.