

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

520

STATE FILE NUMBER

Registration District No. 33 Primary Registration District No. 6296 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Riverview</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Burnfordville Mo</u> ¹¹⁶ Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not commercial, give location) HOSPITAL OR INSTITUTION <u>Burnfordville Mo</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>RR 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Noretta BELLE Barbee</u>			4. DATE OF DEATH Month Day Year <u>Jan 8 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 22 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years, months, days, hours, min.) <u>67</u> IF UNDER 1 YEAR Months Days Hours Min. <u>4 16</u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>Arkansas Kansas</u>
10d. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. NAME OF HUSBAND OR WIFE <u>Frank Barbee</u>	
13a. FATHER'S NAME <u>Jacob Pottor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Whirlow</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4201</u>	
17. INFORMANT <u>Ms Ida Weimund Jackson</u> Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Hypertension</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH? <u>2 hrs</u> <u>12 yrs</u>	
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>	
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.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>Jan 1951</u> , to <u>Dec 4, 1957</u> and last saw her <u>live on Dec 4, 1957</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. N. Jaeger MD</u>	
22a. SIGNATURE (Degree or title)		22b. ADDRESS <u>Jackson, Mo</u>	
22c. DATE SIGNED <u>Jan 11, 1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 12 1958</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Russell Heights</u>		23d. LOCATION (City, town, or county) <u>Jackson</u> (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>M. Combs Funeral Home Jackson Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG	
26. REGISTRAR'S SIGNATURE <u>Elizabeth Summers</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Not Embalmed,

Signed *B. C. Meyer*

Licensed Embalmer No. *3051*

P. O. Address *Jackson*

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.