

bath, Welfare public service  
 300  
 -56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature at least 10. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-009705

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 19

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Holt</u> b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Oregon</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>Browne Nursing Home</u> <u>5 Mos.</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> c. CITY OR TOWN <u>Skidmore</u> <u>0748</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Form <u>Skidmore, Missouri</u> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>GERTRUDE VIOLA BARRETT</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>March 13 1958</u>						
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct. 11, 1876</u>	<b>9. AGE</b> (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Skidmore, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>Joseph Van Ausdall</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Louisa Williamson</u>						
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Mrs. Mildred Gillihan Skidmore Mo.</u>						
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>12 hrs</u> <u>12 hrs</u>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>332X</u>						
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a. m. p. m.			<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>			<b>COUNTY</b>	<b>STATE</b>			
<b>21. I attended the deceased from _____ to _____ and last saw her alive on _____</b> <b>Death occurred at <u>7:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.</b>									
<b>22a. SIGNATURE</b> <u>G. F. Sweeney</u> (Degree or title) <u>sm. D O</u>				<b>22b. ADDRESS</b> <u>Oregon, Missouri</u>		<b>22c. DATE SIGNED</b> <u>3/14/58</u>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Mar. 15, 1958</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Hillcrest Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Skidmore Missouri</u>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Schooler Funeral Home Fairfax Mo</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-15-1958</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Jamies H Crawford</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Marvin H. Schaefer*.....

Licensed Embalmer No. *414*

P. O. Address *Fairfax*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.