

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017133

STATE FILE NUMBER

FILED MAY 2 1958

Registration District No.

370

Primary Registration District No.

6286

Registrar's No.

95

1. PLACE OF DEATH a. COUNTY Wayner		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wappapello, Mo.		c. CITY OR TOWN St. Louis 20690	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wappapello Lake, Chaoni Land.		d. STREET ADDRESS (If outside, give location) 5898 Highland Ave.	
3. NAME OF DECEASED (Type or print) First Gary Middle Allen Last Barrett		4. DATE OF DEATH Month April Day 25 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Price Benson Barrett		13b. MOTHER'S MAIDEN NAME Blanche Ruve Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Price B. Barrett, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accidental Drowning DUE TO (c) 9298 42			INTERVAL BETWEEN ONSET AND DEATH 2 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fishing accident	
20c. TIME OF INJURY Hour 2:15 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 4-25-58			
20d. INJURY OCCURRED WHILE AT <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.) Wappapello Lake	
20f. CITY, TOWN, OR LOCATION Near old Chaoni		STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Coroner Marvin C. Bowles		22b. ADDRESS Poplar bluff, Mo.	
22c. DATE SIGNED 4-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-26-58	
23c. NAME OF CEMETERY OR CREMATORY Leadwood Cem.		23d. LOCATION (City, town, or county) (State) Leadwood, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. May 1, 1958	
26. REGISTRAR'S SIGNATURE Gretna M. Ward Greenville, Mo			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4990

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.