

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020603
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 81

health, Welfare public service
300 1-56
1003
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Only standard nomenclature in Part I. NO SYMPTOMS WILL BE LISTED. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.			Length of stay in lb 15 Days		d. STREET ADDRESS (If outside, give location) East Cypress St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First John Middle Walker Last Barron				4. DATE OF DEATH Month 4 Day 30 Year 1958						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-11-1874		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Fayette, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Barron				14. MOTHER'S MAIDEN NAME Marian Neal						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Dorothy Thompson, Charleston 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) Acute Bacterium one Cholerae with choleraemia								INTERVAL BETWEEN ONSET AND DEATH 1 wk.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								584XF		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cirrhosis Liver, Sproctum with nodular tumor, P.; hemorr. P.								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 _____ a. m. _____ p. m. Month, Day, Year _____										
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 5/16/58 to 4/30/58 and last saw her alive on 4/30/58 Death occurred at 2:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Wilson J. Ingham, M.D.				22b. ADDRESS Sikeston, Mo.			22c. DATE SIGNED 5/2/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-2-58	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Blythville, Arkansas					
24. FUNERAL DIRECTOR Funerere Funeral Chapel				ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 5-8-58		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter		

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 12 1958

COTT CO. HEALTH DEPT.

CO. FILE No. 558-114

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Philip J. Casse*
Licensed Embalmer No. 46

P. O. Address *Sikeston*

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.