

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040626

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BURR OAK TOWNSHIP</b> <b>High # 29</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>ST. JOHN</b> 4000
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 MILES NORTH OF FOLEY, MO.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3559 EMINENCE</b>

3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle Last <b>BARRETT</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>22</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 11, 1909</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOHN WELCH</b>	13b. MOTHER'S MAIDEN NAME <b>BRIDGET Mc COY</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM BARRETT</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>WILLIAM BARRETT - ST. JOHN, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SKULL FRACTURE, BROKEN NECK &amp; OTHER INJURIES</b> DUE TO (b) <b>AUTOMOBILE COLLISION</b> DUE TO (c) <b>COJONET'S JURY VERDICT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1K57.</b>
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? <b>2</b> 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.) <b>COLLISION OF TWO AUTOS TRAVELLING IN OPPOSITE DIRECTION 4.4 MI ON # 29 SOUTH OF "B" INTERSECTION</b>
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HWY</b>	20f. CITY, TOWN, OR LOCATION <b>057</b> COUNTY <b>LINCOLN</b> STATE <b>MO.</b>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Joseph J. Marsh COJONER. 3</b>	22b. ADDRESS <b>FROY, MO</b>	22c. DATE SIGNED <b>11/26/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Nov. 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO.</b>
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24. FUNERAL DIRECTOR <b>HARRIGAN-SHEAHAN</b> 4700 WASHINGTON	ADDRESS <b>FUN'L HOME</b> <b>ST. LOUIS</b>	25. DATE RECD. BY LOCAL REG. <b>12-1-1958</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 19 1959

DEC 11 1958

JUN 15 1958

JUN 15 1958

### 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 *Harlan* .....

Licensed Embalmer No. *4017* .....  
P. O. Address. *Edsberry, 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.