

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040967

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

429

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		Length of stay in 1b <b>080 1/2</b> STREET ADDRESS <b>2505 East 12th</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>WILLIAM</b> Last <b>BARRICK</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>8,</b> Year <b>1958</b>	
5. SEX <b>Male</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>Jan. 12, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. Shops</b>	11. BIRTHPLACE (City and state or country) <b>Pettis County, Missouri</b>
13a. FATHER'S NAME <b>Charles Barrick</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Ramey</b>	14. NAME OF HUSBAND OR WIFE <b>Claire Johnston Barrick</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Harold Barrick, 2805 Southwest Blvd. Sedalia, Missouri</b>	
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>Cerebral Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension chronic</b> DUE TO (c) <b>Arterio Sclerosis chronic</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pross Cardiac Hypertrophy chronic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>332X 2 mos</b>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>X</b>	
20c. TIME OF INJURY Hour <b>X</b> Month, Day, Year a.m. <b>X</b> p.m.		20d. INJURY OCCURRED WHILE AT <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>X</b>		20f. CITY, TOWN OR LOCATION <b>X</b>	
21. I attended the deceased from <b>Sept 11</b> to <b>Nov 8/58</b> and last saw him alive on <b>Nov 7-1958</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>D. Beckemeier M.D.</b>	
22b. ADDRESS <b>500 W 16 Sedalia</b>		22c. DATE SIGNED <b>11/10/58</b>	
23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>		23b. DATE <b>11/10/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
24. FUNERAL DIRECTOR <b>Frances Shelby</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 11-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....  
P. O. Address *Sedalia* .....

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.