

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013640
STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 182

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 932 So. Noland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ANNA JANE BARR			4. DATE OF DEATH Month Day Year April 21, 1959		
5. SEX Female	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 Aug. 29, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Shabona, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alexander Mc Larty		13b. MOTHER'S MAIDEN NAME Martha Sanderson		14. NAME OF HUSBAND OR WIFE Bert Barr - Dec'd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Beulah Silverthorn, Holden, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction					INTERVAL BETWEEN ONSET AND DEATH Two weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gall stones impacted in the Ileum					Two weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis - Diabetes					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-28-59 to 4-21-59 and last saw her alive on 4-21-59 Death occurred at 11:12 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sharon Grabske, M.D. Drs. Grabske & Link			22b. ADDRESS 10901 Winner, Indep., Mo.		22c. DATE SIGNED 4-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-21-59	23c. NAME OF CEMETERY OR CREMATORY Yale, Michigan		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.			25. DATE RECD. BY LOCAL REG. 4-21-59		26. REGISTRAR'S SIGNATURE James [Signature]

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy, 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.