

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017534

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 51

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Bakersfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF DECEASED (If in hospital, give location) Length of stay in lb <u>0770</u> <u>Alford N. Barrett</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0770</u>			
3. NAME OF DECEASED (Type or print) First <u>Alford N.</u> Middle <u>Barrett</u> Last <u>Barrett</u>				4. DATE OF DEATH Month <u>4</u> Day <u>22</u> Year <u>59</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-24-1892</u>	
9. AGE (In years last birthday) <u>67</u>		10. FUNDING YEAR <u>028</u>		11. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>28</u>		12. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired U.S. Army</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Fulton Co. Ark</u>			
11a. BIRTHPLACE (City and state or country) <u>USA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Gas Barrett</u>				13b. MOTHER'S MARRIED NAME <u>Nannie Campbell</u>			
14. NAME OF HUSBAND OR WIFE <u>Gretchen Barrett</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes</u>			
16. SOCIAL SECURITY NO. <u>Yes</u>				17. INFORMANT <u>Mrs. G. N. Barrett, Bakersfield, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ruptured abdominal aortic aneurysm</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>osteosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>14 hrs</u> <u>5 yrs</u>	
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 <u>3:54</u> a.m. <u>PM</u> Month, Day, Year <u>April 1959</u>				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 Death occurred at <u>April 1959</u> to <u>April 1959</u> and last saw him alive on <u>April 21, 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>D.O.</u> 22b. ADDRESS <u>Bakersfield, MO.</u> 22c. DATE SIGNED <u>4/27/59</u>			
23a. BIRTH, CREMATION, REMOVAL (Specify) <u>4-25-59</u>		23b. DATE <u>4-25-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Coughly Lane</u>		23d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo</u>	
24. FUNERAL DIRECTOR <u>Labertons West Plains Mo</u> ADDRESS <u>5-12-59</u>				25. DATE RECD. BY LOCAL REG. <u>5-12-59</u> 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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MAY 19 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 H. S. Roberts

Licensed Embalmer No. 3432

P. O. Address West Haven

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.