

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017535

STATE FILE NUMBER

JUN 8 1959

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>1117 N. Main</u>		d. STREET ADDRESS <u>1117 N. Main</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Lattie</u> Middle <u>Mae</u> Last <u>Barron</u>		4. DATE OF DEATH Month <u>4</u> Day <u>30</u> Year <u>59</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>July 21 1886</u>
9. AGE (In years, last birthday) <u>72</u>		10. FUNDING YEAR If UNDER 1 YEAR: Months <u>7</u> Days <u>29</u> If UNDER 24 HRS.: Hours <u>7</u> Min. <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Subson Co. Tenn. U.S.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Subson Co. Tenn. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. B. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Brodeur Brush</u>	
14. NAME OF HUSBAND OR WIFE <u>W. C. Barron</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>171X</u>		17. INFORMANT <u>Wm. Fred Comstock West Plains</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>Metastatic carcinoma of liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Squamous cell carcinoma of cervix</u> DUE TO (c) <u>Bronchectasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>9 mos. +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchectasis</u>			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>17</u> a.m. <u>18</u> p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>West Plains Mo</u>	
20g. COUNTY <u>Howell</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Sept. 1957</u> to <u>April 30, 1959</u> and last saw her alive on <u>April 30, 1959</u> Death occurred at <u>7:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. L. Fowler</u> (Deedee or title)		22b. ADDRESS <u>West Plains Mo</u>	
22c. DATE SIGNED <u>5/20/59</u>		23. NAME OF CEMETERY OR OBITUARY <u>Oak Lawn</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>5-2-59</u>	
23c. LOCATION (City, town, or county) <u>Howell</u>		23d. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Selection's West Plains</u>		25. DATE RECD. BY LOCAL REG. <u>6-5-59</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		27. DATE <u>5/20/59</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Other, venereal, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 25 1959

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 *Ed Robertson*

Licensed Embalmer No.

P. O. Address. *3432*

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.