

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018337

STATE FILE NUMBER

JUN 15 1959		Registration District No. 179		Primary Registration District No. 5667		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Troy		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		Length of stay in lb 4 Da.		d. STREET ADDRESS (If outside, give location) 360 Boone St		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First WARREN Middle AVERY Last BARRETT				4. DATE OF DEATH Month June Day 4 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Dec. 23, 1909		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months 5 Days 11 IF UNDER 24 HRS.: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Attendant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Troy MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chas Barrett		13b. MOTHER'S MAIDEN NAME Nellie Craig		14. NAME OF HUSBAND OR WIFE Iva Barrett			
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. 498-07-9674		17. INFORMANT Address Iva Barrett Troy MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH 36 hours	
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 Month, Day, Year a.m. 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		COUNTY STATE	
21. I attended the deceased from April to June 4, 1959 and last saw him alive on 6/4/59 Death occurred at 7P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles M. Leek (Degree or title)		22b. ADDRESS Troy, MO		22c. DATE SIGNED 6/9-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 7, 1959		23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) (State) Troy MO.	
24. FUNERAL DIRECTOR Dr. M. E. Boy ADDRESS Troy MO		25. DATE RECD. BY LOCAL REG. 6-9-59		26. REGISTRAR'S SIGNATURE Charlotte Leek			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. D. McCoy*

Licensed Embalmer No. *3582*

P. O. Address *Tracy, 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.