

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018915
STATE FILE NUMBER
24265
Registration District No. Primary Registration District No. Registration No.

FILED MAY 26 1959

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Lincoln Co.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 2221 So. 7th INSTITUTION		Length of stay in lb 6 Mo.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Isabelle Barnes			4. DATE OF DEATH April 28, 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 Feb. 17, 1871	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 2 Days 11 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 Housework	11. BIRTHPLACE (City and state or country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY? U. SA
13a. FATHER'S NAME William Creech		13b. MOTHER'S MAIDEN NAME Tamez Creech		14. NAME OF HUSBAND OR WIFE Tice Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Donnie Brown 222 So. 7th St. St. Louis, 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) Carcinoma of the Liver				INTERVAL BETWEEN ONSET AND DEATH 6 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				156.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) wound			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 April 14-59 April 28, '59 and last saw her alive on April 28-59 Death occurred at 6:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John B. Creech M.D.			22b. ADDRESS 2105 So Broadway		22c. DATE SIGNED Apr 28-59
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Alexander Cemetery		23d. LOCATION (City, town, or county) (State) Troy, Mo.
24. FUNERAL DIRECTOR Dev-McCoy		ADDRESS Troy Mo	25. DATE RECD. BY LOCAL REG. APR 30 '59		26. REGISTRAR'S SIGNATURE Kean Smith, M.D.

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. W. McCoy*
Licensed Embalmer No. *3586*

P. O. Address *Troy 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.