

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037122

FILED VS. OCT 19 1959 274

Primary Registration District No. 3057 Registrar's No. 328

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia Dresden</u>		Length of stay in 1b <u>29 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P.F.D. #3 5mi n.w.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>P.F.D. #3 5mi north west</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>PEARL</u> Middle <u>CLARA</u> Last <u>BARMAN</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-29-1884</u> 75	
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>Home</u>		11. BIRTHPLACE (City and state or country) <u>71. Scott Yan. - W.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Samuel Greening</u>		13b. MOTHER'S MAIDEN NAME <u>Lucetta (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey S. Barman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Harvey S. Barman</u> Address			
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>Old age & Mental Disturbance</u> DUE TO (b) <u>Arterio Sclerosis & Myocardial Degeneration</u> DUE TO (c) <u>Old age & Hard life</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>None</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>1</u>							
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.) <u>1</u>		20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>		COUNTY <u>Mo</u> STATE	
21. I attended the deceased from <u>2-27-59</u> to <u>10-12-59</u> and last saw her alive on <u>10-6-59</u> Death occurred at <u>800 am - 10-12-59</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L.A. Marty, M.D.</u>				22b. ADDRESS <u>1020 So Linnit Ave</u>		22c. DATE SIGNED <u>10-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-14-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros. Sedalia</u>		ADDRESS <u>10-13-1959</u>		25. DATE RECD. BY LOCAL REG. <u>10-13-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Sheely</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address _____

Sedalia 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.