

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005483

FILED VS. MAR 7 1960 68

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Christain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark - one Turkey Tp</u>		Length of stay in <u>1b</u>		c. CITY OR TOWN <u>Reeds Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christain Rest Home</u>				d. STREET ADDRESS <u>mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>X</u> Last <u>Barnes</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-20-81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chairfractor</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	
11. BIRTHPLACE (City and state or country) <u>US</u>				12. CITIZEN OF WHAT COUNTRY <u>US</u>			
13a. FATHER'S NAME <u>Marion Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Ann Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Bertie Pritchard</u> Address <u>Reeds Springs 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>SEPSIS</u> DUE TO (b) <u>SECONDARY BRONCHO PNEUMONIA</u> DUE TO (c) <u>INFLUENZA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2-DAYS</u> <u>3-DAYS</u> <u>3-4 DAYS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
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 <u>2/13/60</u> to _____ and last saw her alive on <u>2/13/60</u> Death occurred at _____ P _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Ink) <u>Everett J. Cheatham</u>				22b. ADDRESS <u>Ozark Mo</u>		22c. DATE SIGNED <u>2/17/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 16-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower</u>		23d. LOCATION (City, town, or county) (State) <u>Galena MO MO-1</u>	
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u> ADDRESS <u>Galena MO</u>				25. DATE RECD. BY LOCAL REG. <u>March 1-1960</u>		26. REGISTRAR'S SIGNATURE <u>Luetta Leonard</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena

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.