URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010405
STATE FILE NUMBER

FILED VS MAR 1 8 1960 Registration District No. 99 Primary Registration District No. ____ Registrar's No. 10

NDED

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarksdale
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY DeKalb
c. CITY OR TOWN Clarksdale
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) In town
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Edna Middle Mae Last Barwald
4. DATE OF DEATH: Month Day Year 2-23-60

5. SEX Female
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 1-2-1880
9. AGE (last birthday) 80
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: 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 Home
11. BIRTHPLACE (City and state or country) Mo;
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joe Hill
13b. MOTHER'S MAIDEN NAME Mary Miller
14. NAME OF HUSBAND OR WIFE Bill Barwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. xx
17. INFORMANT Address: Bill Barwald Clarksdale Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anemia (Aplastic) Severe — 2-3 years
DUE TO (c)

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. [ ] Yes [ ] No [ ] Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 May 1957 to 2-23-60 and last saw her/him alive on 2/23/60
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Maysville, Mo.
22c. DATE SIGNED 3-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-25-60
23c. NAME OF CEMETERY OR CREMATORY Clarksdale
23d. LOCATION (City, town, or county) (State) Clarksdale Mo

24. FUNERAL DIRECTOR ADDRESS Maysville Mo
25. DATE RECD. BY LOCAL REG. 3-10-60
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.