

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011679

FILED VS APR 12 1960

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Length of stay in 1b XXXXXXX	c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) XXXXXXXXXX XXXXXXXX Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VENE Middle KATHRYN Last BARRON	4. DATE OF DEATH Month MARCH Day 28, Year 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/10/05	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) HOPE, NO. DAKOTA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME YARROW WYBORN	13b. MOTHER'S MAIDEN NAME EMMA NEWBOWER	14. NAME OF HUSBAND OR WIFE VEAN BARRON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT VEAN BARRON, LEWISTOWN, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hodgkins Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i>
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)	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
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.
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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:
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21. I attended the deceased from <i>Dec. 12, 1959</i> to <i>March 28/60</i> and last saw her <i>alive on March 28, 1960</i> Death occurred at <i>5:40 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) <i>Naldo B. Deom M.D.</i>	22b. ADDRESS <i>Knox City Mo</i>	22c. DATE SIGNED <i>3/31/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>3/31/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LEWISTOWN</i>	23d. LOCATION (City, town, or county) (State) <i>LEWISTOWN, MISSOURI</i>
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24. FUNERAL DIRECTOR <i>Charles L. Crowley, Jr.</i>	ADDRESS <i>LEWISTOWN, MO.</i>	25. DATE RECD. BY LOCAL REG. <i>4-4-'60</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 14 19

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 Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M

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