

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-011769

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 12

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Christine</b>	Middle <b>Augusta</b>	Last <b>Barnett</b>	Month <b>3</b>	Day <b>7</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/24/1882</b>	9. AGE (last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>Maries County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Wells</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Barnett</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Barnett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Johnny Ricker, Meta, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		<b>3 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardio-Renal- Vascular Disease</b>	<b>4 yrs</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 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 <b>July 1956</b>		
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 <b>Meta, Missouri</b>	STATE <b>Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		Death occurred at <b>10:35 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W. H. Moore Sr.</i> (Degree or title)		22b. ADDRESS <b>California, Mo.</b>		22c. DATE SIGNED <b>3/8/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/9/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>So. Side Meta Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Meta, Missouri.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Gilbert Funeral Home, Inc., Dixon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-12-60</b>	25. REGISTRAR'S SIGNATURE <i>Maxwell L. Tate Sr.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1960

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 Fred H. Gilke

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.