

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

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-60-025867

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wheeler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Saint Joseph		Length of stay in 1b 5 months	c. CITY OR TOWN Odessa
c. FULL NAME OF (If NOT in hospital, give location) Saint Joseph State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Etta Middle May Last Barclay			4. DATE OF DEATH Month July Day 12 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Merces Co., Mo		
10c. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME William Boxley		13b. MOTHER'S MAIDEN NAME Jennie Sanders		
14. NAME OF HUSBAND OR WIFE unknown, Barclay		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. benefits recd.		
17. INFORMANT Records State # 2		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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Genitily e psychosis		
DUE TO (c) Generalized atherosclerosis		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subcapital fracture h. hip (1960); left hemiplegic ^{March 15} 12/2/59		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	
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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.)	
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 Odessa Mo.	COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **1:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary B. Barnes, M.D.		22b. ADDRESS Saint Joseph, Mo		22c. DATE SIGNED 7/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7/12/60	23c. NAME OF CEMETERY OR CREMATORY Odessa Mo.		23d. LOCATION (City, town, or county)
24. FUNERAL DIRECTOR HEATON-BOWMAN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. July 12, 1960		26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M.B. Barnes, M.D.

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 Theron Smith

Licensed Embalmer No. 3928

P. O. Address St. Joseph

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.