

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010102

AMENDED

Registration District No. 278 Primary Registration District No. 5956 Registrar's No. 36 STATE FILE NUMBER

FILED MAR 28 1961

|                                                                                                                                                                                                                                    |                                  |                                                                                                                                                             |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>PIKE</b>                                                                                                                                                                                         |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>PIKE</b>                          |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ANNADA</b>                                                                                                                                                 |                                  | c. CITY OR TOWN <b>ANNADA</b>                                                                                                                               |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>RESIDENCE</b>                                                                                                                                    |                                  | d. STREET ADDRESS (If outside, give location)<br><b>RESIDENCE</b>                                                                                           |                                    |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>GERTRUDE</b> Middle <b>V.</b> Last <b>BARRETT</b>                                                                                                                               |                                  | 4. DATE OF DEATH<br>Month <b>MARCH</b> Day <b>18</b> Year <b>1961</b>                                                                                       |                                    |
| 5. SEX<br><b>FEMALE</b>                                                                                                                                                                                                            | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/26/91</b> |
| 9. AGE (last birthday)<br><b>70</b>                                                                                                                                                                                                |                                  | 10. IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                                                                                                        |                                    |
| 11. IF UNDER 24 HR.<br>Hours <b>0</b> Min. <b>0</b>                                                                                                                                                                                |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                   |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>THUMBER - RETIRED</b>                                                                                                            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GLOVE FACTORY</b>                                                                                                   |                                    |
| 11. BIRTHPLACE (City and state or country)<br><b>CALHOUN COUNTY, ILL.</b>                                                                                                                                                          |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                   |                                    |
| 13a. FATHER'S NAME<br><b>HENRY GROVER</b>                                                                                                                                                                                          |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>ANNIE KITSON</b>                                                                                                            |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><b>THOS. JEFFERSON BARRETT</b>                                                                                                                                                                      |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>                                    |                                    |
| 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>                                                                                                                                                                                          |                                  | 17. INFORMANT<br><b>HUSBAND</b>                                                                                                                             |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b>                                                                          |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 DAY</b>                                                                                                            |                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                               |                                  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>ANNADA, MO.</b>                                                                                                          |                                    |
| 21. I attended the deceased from <b>3-18-61</b> to <b>3-18-61</b> and last saw her alive on <b>3-18-61</b><br>Death occurred at <b>1:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)                                                                                                      |                                    |
| 22b. ADDRESS<br><b>[Address]</b>                                                                                                                                                                                                   |                                  | 22c. DATE SIGNED<br><b>3/20/61</b>                                                                                                                          |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>ENTOMBMENT</b>                                                                                                                                                                     |                                  | 23b. DATE<br><b>3-20-61</b>                                                                                                                                 |                                    |
| 23c. NAME OF CEMETERY<br><b>ELSberry Comm. Mausoleum</b>                                                                                                                                                                           |                                  | 23d. LOCATION (City, town, or county)<br><b>ELSBERY, MO</b>                                                                                                 |                                    |
| 24. FUNERAL DIRECTOR<br><b>O. C. RICKS</b>                                                                                                                                                                                         |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>Mar 25-61</b>                                                                                                            |                                    |
| 26. REGISTRAR'S SIGNATURE<br><b>Bernice Collier</b>                                                                                                                                                                                |                                  | 27. (Licensed Embalmer's Statement on Reverse Side)                                                                                                         |                                    |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

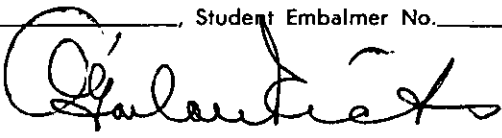
MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4012  
P. O. Address Elstberry, Mo.

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.