

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

45-61-013541

STATE FILE NUMBER

AMENDED

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 45

FILED APR 24 1961

a. COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bonne Femme Twp.Length of stay in lb
28 Months2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Audrain

c. CITY OR TOWN Mexico

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Maple Lawn Rest HomeInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
433 Vine St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Ben

T.

Barry

April

18, 1961

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
9-7-18909. AGE (last birthday)
70IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Laborer11. BIRTHPLACE (City and state or country)
Mexico, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

George Barry

Dorothy Cardwell

Deceased

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.
486-12-205817. INFORMANT
Mrs Josephine Anfar, Slater, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

20 min

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.

☐ Yes ☐ No ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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 1960 to 4-18-61 and last saw her alive on 3-30-61
Death occurred at 3 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

M.P. Beech M.D.

Fayette, Mo.

4/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

4/18/1961

Elmwood Cemetery

Mexico, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Precht-Hueston F. H. Mexico, Mo.

4-20-61

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

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 William C. Fieber

Licensed Embalmer No. 4870

P. O. Address Fayette, 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.