

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014577

STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. Registrar's No. 86

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY **Nodaway**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Skidmore** Length of stay in 1b **2 years**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Own home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Nodaway**
 c. CITY OR TOWN **Skidmore** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **none** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FRED M. BARRETT **5 1 61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/11/87** 9. AGE (last birthday) **73**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer - retired** 10b. KIND OF BUSINESS OR INDUSTRY **Own account** 11. BIRTHPLACE (City and state or country) **Skidmore, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Rev. Reuben Barrett** 13b. MOTHER'S MAIDEN NAME **Matilda Gregg** 14. NAME OF HUSBAND OR WIFE **Bertha Lea Weller Barrett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 17. INFORMANT Address **Mrs. C. E. Linville, Jr., Skidmore, 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) **Carcinoma of cecum** INTERVAL BETWEEN ONSET AND DEATH **None.**
 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 Unknown

19. 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 a.m. p.m. Month, Day, Year _____

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 **2/10/56** to **5/1/61** and last saw him alive on **4/30/61**
 Death occurred at **5:20 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature] D. O.** 22b. ADDRESS **Maitland, Missouri** 22c. DATE SIGNED **5/3/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **5/4/61** 23c. NAME OF CEMETERY OR CREMATORY **Burr Oak** 23d. LOCATION (City, town, or county) (State) **Skidmore, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Price Funeral Home, Maryville, Mo.** 25. DATE RECD. BY LOCAL REG. **5-3-61** 26. REGISTRAR'S SIGNATURE **Bess Holt**

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 _____

John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville M

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.