# ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-021136
STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 62

FILED JUN 20 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | AMENDMENTS OF THIS RECORD ARE AS FOLLOWS | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Arcadia
Length of stay in 1b: 1yr.9mo.3da

c. CITY OR TOWN: Rural-Arcadia
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: The Home for Aged Baptists
Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 1½mi.E.on Hwy.72
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Mary Middle: E. Last: Barr

4. DATE OF DEATH Month Day Year: June 13, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-8-1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months 8 Days 5
IF UNDER 24 HR: Hours – Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Indiania
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John Wesley Odle
13b. MOTHER'S MAIDEN NAME: Mary Etta Odle
14. NAME OF HUSBAND OR WIFE: Joseph Warren Barr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dolores Weiss, Address: Ironton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 1 year
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 Sept. 10,1959 to June 13,1961 and last saw her alive on June 12,1961
Death occurred at 4:03 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin C. Menne (Degree or title) MD
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 6-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-17-61
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Richland, Missouri

24. FUNERAL DIRECTOR Angel J. Wheeler ADDRESS: White Funeral Home, Ironton, Mo.
25. DATE RECD. BY LOCAL REG.: 6-16-61
26. REGISTRAR'S SIGNATURE: Mrs Ora Jones

(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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass

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.