

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037512

STATE FILE NUMBER

AMENDED

Registration District No. 170
FILED OCT 31 1961

Primary Registration District No. — Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union T.S.</u>		c. CITY OR TOWN <u>Phillipsburg</u>	
Length of stay in lb <u>2 hrs.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi. W. of Phillipsburg</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt.</u>	
Reside on Farm Yes ☒ No ☐			

3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Joseph Barrett, Sr.</u>			4. DATE OF DEATH Month Day Year <u>Oct. 22, 1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>9-5-89</u>	9. AGE (last birthday) <u>72 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Claremore, Okla.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas Barrett</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn McNearney</u>	
14. NAME OF HUSBAND OR WIFE <u>Sadie Barrett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-03-1732</u>	
17. INFORMANT <u>Mrs. Sadie Barrett, Phillipsburg, Mo.</u>		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) <u>Undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Apparent heart ailment</u>		<u>1</u>
DUE TO (c) <u>—</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Had several attacks before & family in region of heart & lungs. but had no attending physician</u>		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 <u>none</u> to <u>none</u> and last saw him alive on <u>none</u>	
Death occurred at <u>8:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Wella L. May, Local Registrar</u>	(Degree or title)	22b. ADDRESS <u>Lebanon, Missouri</u>	22c. DATE SIGNED <u>10-27-1961</u>
--	-------------------	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <u>J. Shadel</u>	ADDRESS <u>Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-27-1961</u>	26. REGISTRAR'S SIGNATURE <u>Wella L. May</u>
--	--------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 1961

NOV 30 1961

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 _____

Brie M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Vt.

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.