

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041998

STATE FILE NUMBER

AMENDED

FILED DEC 6 1961 Primary Registration District No. 290 Registrar's No. 141

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Swedeborg | | Length of stay in 1b 1 year | c. CITY OR TOWN Swedeborg |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ----- |
| 3. NAME OF DECEASED (Type or print) First Juanita Middle Elizabeth Last Barwick | | 4. DATE OF DEATH Month Nov Day 27 Year 1961 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 25 1921 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 9. AGE (last birthday) 40 |
| 11. BIRTHPLACE (City and state or country) Middleton Tenn. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Lemuel Witt | | 13b. MOTHER'S MAIDEN NAME Belle Ferrell | 14. NAME OF HUSBAND OR WIFE Lyndall Barwick |
| 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 Lyndall Barwick Swedeborg 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) 1. meningia, terminal DUE TO (b) 2. carcinoma, generalized DUE TO (c) 3. adenocarcinoma, breast. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 6 hrs. |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m. 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 COUNTY STATE |
| 21. I attended the deceased from Aug. 6/1 to Death and last saw her alive on 11-27-61 Death occurred at 3 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] | | 22b. ADDRESS Richland, Missouri | 22c. DATE SIGNED 11/29/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/30/61 | 23c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery | 23d. LOCATION (City, town, or county) (State) Swedeborg Pulaski Mo |
| 24. FUNERAL DIRECTOR [Signature] ADDRESS Moss Williams Crocker, Missouri | | 25. DATE RECD. BY LOCAL REG. 11-29-61 | 26. REGISTRAR'S SIGNATURE [Signature] |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 7 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 Carene Phoss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.