

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045504
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 4303 Registrar's No. 224

FILED JAN 2 1962

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| 1. PLACE OF DEATH a. COUNTY LIVINGSTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LIVINGSTON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOORESVILLE | | Length of stay in lb 50 YRS. | c. CITY OR TOWN MOORESVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) 'HOSPITAL OR INSTITUTION' NO ST. ADDRESS' | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) NO ST. ADDRESS' Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last ALZORAH JOSEPHINE BARRON | | | 4. DATE OF DEATH Month Day Year DECEMBER 8 1961 | | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/6/1871 | 9. AGE (last birthday) 90 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (City and state or country) CALDWELL CO., MO. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME RICHARD HARLOW | 13b. MOTHER'S MAIDEN NAME ELIZABETH MC/CUBBIN | 14. NAME OF HUSBAND OR WIFE JOSEPH NOAH BARRON |
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| 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. NONE | 17. INFORMANT Address Mr. Nolan Barron; Mooresville, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and Debilitation | | INTERVAL BETWEEN ONSET AND DEATH 4 Days 10 Days 6-10 MO |
| Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. | DUE TO (b) Bowel Obstruction | |
| | DUE TO (c) Hepatic Carcinoma with Metastasis | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholera | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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| 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 |
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| 21. I attended the deceased from 12-4-61 to 12-8-61 and last saw her/him live on 12-8-61 Death occurred at 6:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Chas. Hight Do | 22b. ADDRESS Buckneridge Mo | 22c. DATE SIGNED 12-11-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 12/11/61 | 23c. NAME OF CEMETERY OR CREMATORY GAUNT CEMETERY | 23d. LOCATION (City, town, or county) (State) LIVINGSTON, COUNTY, MO. |
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| 24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo. | 25. DATE RECD. BY LOCAL REG. Dec 11, 1961 | 26. REGISTRAR'S SIGNATURE Annalee Taylor |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Edward Norman*

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

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.