MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-005866
STATE FILE NUMBER

AMENDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 6

FILED MAR 12 1962

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brunswick
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last BARRY
4. DATE OF DEATH Month 3 Day 7 Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-23-1875
9. AGE (last birthday) 87
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) HOUSEWORK.
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (City and state or country) CHARITON COUNTY
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME THOMAS CLAVIN
13b. MOTHER'S MAIDEN NAME MARY ANN GUEST.
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none.
17. INFORMANT ANNA MAGRUDER Address BRUNSWICK.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Heart Attack	72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiovascular Heart Disease	8 years
DUE TO (c)	Cardiovascular Atherosclerosis	10 years

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 May 10-1955 to March 7-1962 and last saw her alive on March 7-1962
Death occurred at 2.30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Grover C. Rice (Degree or title) M. D.
22b. ADDRESS Brunswick-Mo.
22c. DATE SIGNED 7 mar 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-10-1962
23c. NAME OF CEMETERY OR CREMATORY ST BONIFACE CEME
23d. LOCATION (City, town, or county) (State) BRUNSWICK Mo.
24. FUNERAL DIRECTOR L. McCury
ADDRESS Brunswick.
25. DATE RECD. BY LOCAL REG. Mar 8-1962
26. REGISTRAR'S SIGNATURE Flovie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick 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.