

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010189

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 61

FILED APR 9 1962

VS 300
Rev. 4/59

1 0201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldorado Springs, Mo.		Length of stay in 1b 6 days	c. CITY OR TOWN Humansville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar County Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #2
3. NAME OF DECEASED (Type or print) First Charles Middle James Last Barrett		4. DATE OF DEATH Month 4 Day 2 Year 1962	
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/1881
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter and farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Buckner, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William	
13b. MOTHER'S MAIDEN NAME Hester Unknown		14. NAME OF HUSBAND OR WIFE Minnie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. --	17. INFORMANT Mrs. Charles Barrett, Humansville
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Prostate with Metastasis			INTERVAL BETWEEN ONSET AND DEATH 10 years
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. <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 March 27, 1962 to April 2, 1962 and last saw him ^{he} him alive on April 2, 1962		Death occurred at 6:10 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Wm. C. Sunderwirth, D.O.		22b. ADDRESS Eldorado Springs, Missouri	22c. DATE SIGNED 4/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/14/1962	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	23d. LOCATION (City, town, or county) (State) Humansville, Mo.
24. FUNERAL DIRECTOR Beckwith Funeral Home, Humansville, Mo.		25. DATE RECD. BY LOCAL REG. 4-3-62	26. REGISTRAR'S SIGNATURE Joe E. Burham per K.M.

APR 11 1962

APR 17 1962

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.

No Permit Obtained