

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022723
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 110

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962	
1. PLACE OF DEATH a. COUNTY Grundy b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in lb 12 yrs c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 Crowder Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 304 West Crowder Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Georgia Middle E. Last Barratt	
4. DATE OF DEATH Month June Day 8 Year 1962	
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 1-26-13	9. AGE (last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Stanberry Missouri	
12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Guy Carothers	13b. MOTHER'S MAIDEN NAME Ethel Myrick
14. NAME OF HUSBAND OR WIFE Charles Barratt	
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.	
17. INFORMANT Charles Barratt, Trenton, Missouri. 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) Acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour 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 3-18-61 to 6-8-62 and last saw her alive 5-28-62 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) C. L. Clark M. D.	
22b. ADDRESS Trenton, Missouri.	
22c. DATE SIGNED 6-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-10-62
23c. NAME OF CEMETERY OR CREMATORY Loyd Cemetery	
23d. LOCATION (City, town, or county) (State) Ridgeway Missouri.	
24. FUNERAL DIRECTOR ADDRESS E. J. Stoklasa, Cainsville, Mo.	
25. DATE RECD. BY LOCAL REG. 6-11-62	
26. REGISTRAR'S SIGNATURE J. J. Jar	

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

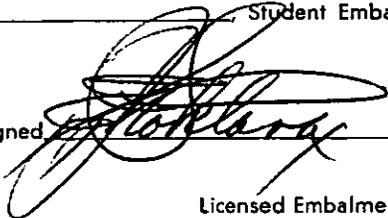
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.