

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032253

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8405**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN BONNE TERRE, | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Deaconess Hosp. | | d. STREET ADDRESS (If outside, give location) | |

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| 3. NAME OF DECEASED (Type or print) Margret Ellen BARREN | | 4. DATE OF DEATH 8/29/1962 | |
| 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 2-19-1880 |
| 9. AGE (last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |

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| 11. BIRTHPLACE (City and state or country) Valles Mines, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Joseph Forches | | 13b. MOTHER'S MAIDEN NAME Rebecca Hilderbrand | |
| 14. NAME OF HUSBAND OR WIFE Henry Barren (Dec.) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | |

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| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Mrs. John Weiss 4115 Ripa Lemay, 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) METASTATIC CARCINOMA OF LIVER | | INTERVAL BETWEEN ONSET AND DEATH Dec. , 1960 to 8/29/62 |
| DUE TO (b) CARCINOMA of Colon. | | |
| DUE TO (c) 153.8 | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
(1) Arteriosclerosis, generalized (2) Cardiomegaly

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 name 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 |
|---------------------------------------|------------------|

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|--|--|--|
| 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 **12/28/60** to **5/11/62** and last saw her alive on **5/11/62**
Death occurred at **Pronounced Dead AT 9:05 A.M. 8/29/62** date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) James G. Rigggs MD | 22b. ADDRESS 7820 Carondelet Ave. Clayton (5), Mo. | 22c. DATE SIGNED 8/29/62 |
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|---|----------------------------|--|---|
| 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9/1/62 | 23c. NAME OF CEMETERY OR CREMATORY BONNE TERRE CEME. | 23d. LOCATION (City, town, or county) BONNE TERRE, MISSOURI |
|---|----------------------------|--|---|

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| 24. FUNERAL DIRECTOR Dale Sparks Bonne Terre, Mo. | 25. DATE RECD. BY LOCAL REG. AUG 29 1962 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

(100)

8-12-110

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

Ewert Sparks

Licensed Embalmer No. 4287

P. O. Address, Bonne Terre, 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.