

83340

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043932

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#1665630

10937704

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 10937704

Registrar's No. 10852

VS 300  
Rev. 4/59

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01/01/26

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1283-0

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN ST. LOUIS, MISSOURI<br>c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION VAH, ST. LOUIS, MO.   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY<br>c. CITY OR TOWN CENTRALIA<br>d. STREET ADDRESS (If outside, give location)<br>705 SAPPINGTON |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>CLARENCE A. BARRETT   |   | 4. DATE OF DEATH<br>Month Day Year<br>NOVEMBER 10, 1962  |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br>5-15-1894  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>MACHINIST   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----   | 11. BIRTHPLACE (City and state or country)<br>HERRINGTON, KAN.   |
| 13a. FATHER'S NAME<br>GEORGE BARRETT   |   | 13b. MOTHER'S MAIDEN NAME<br>ELIZA DREW  | 14. NAME OF HUSBAND OR WIFE<br>ROSA BARRETT  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>YES WA 1  |   | 17. INFORMANT<br>Address<br>ROSA BARRETT SEE 2D  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) FIBROSARCOMA, LEFT LUNG, WITH EXTENSIVE METASTASIS<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>163x   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  | 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. Attended the deceased from 11/5/62 to 11/10/62 and last saw him alive on 11/10/62<br>Death occurred at 7:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE<br>PENNY M. SMITH M.D.  |   | 22b. ADDRESS<br>VAH, ST. LOUIS, MO.  | 22c. DATE SIGNED<br>11/10/62   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal (Auto)  | 23b. DATE<br>11-12-62   | 23c. NAME OF CEMETERY OR CREMATORY<br>Centralia, Missouri  | 23d. LOCATION (City, town, or county) (State)  |
| 24. FUNERAL DIRECTOR<br>P.O. Fenton Funeral Home, Centralia, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>11-12-62   | 26. REGISTRAR'S SIGNATURE<br>Roan Smith, M.D.  |

**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 *Joseph E. McCallister*

Licensed Embalmer No. 2436

P. O. Address 6175 Palma

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.