

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008288

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2527 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.
 USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 14 1963

1. PLACE OF DEATH ~~XXXXXXXX~~ City of St. Louis

2. USUAL RESIDENCE (Where deceased lived 15 institution; Residence before admission)
 a. STATE Mo. b. COUNTY Collingsworth
Lutesville
 c. CITY OR TOWN Lutesville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First August Middle Barrett Last Barrett 4. DATE OF DEATH Month March Day 5 Year 63

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-5-1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK 10b. KIND OF BUSINESS OR INDUSTRY Illinois 11. BIRTHPLACE (City and state or country) L. S. A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME HUSTON 13b. MOTHER'S MAIDEN NAME MISSOURI 14. NAME OF HUSBAND OR WIFE (Barrett) (Stone, Alma) SHEARN ALMA BARRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address CHESTER BARRETT

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) congestive heart failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis
 DUE TO (c) 4500
 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 8-1-63 to 3-5-63 and last saw her/him alive on 3-5-63
 Death occurred at 845 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerard Smartt M.D. Resident 22b. ADDRESS 1325 South Grand Blvd 22c. DATE SIGNED 3-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 8, 1963 23c. NAME OF CEMETERY OR CREMATORY MT. ZION 23d. LOCATION (City, town, or county) (State) SCOTLDS MO

24. FUNERAL DIRECTOR ADDRESS BAKER FUNERAL HOME, LUTESVILLE, MO 25. DATE RECD. BY LOCAL REG. march 5, 1963 26. REGISTRAR'S SIGNATURE Loal 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 Edw. A. Graham

Licensed Embalmer No. 5195

P. O. Address Luttrell, 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.