

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-023038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

FILED MAY 22 1963

1. PLACE OF DEATH

a. COUNTY WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mountain Grove

Length of stay in 1b
1 month

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mountain Grove Rest Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY St. Louis

c. CITY OR TOWN MTN. GROVE MO.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
416 ELM ST

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ALICE

L.

BARBAGLIA

4. DATE OF DEATH

Month

Day

Year

MAY

13

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married

☐ Never Married ☒ Widowed ☐ Divorced

8. DATE OF BIRTH

3-7-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months 2 Days 16

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSE WIFE

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS J. MANSFIELD

13b. MOTHER'S MAIDEN NAME

HETTIE HOUSE

14. NAME OF HUSBAND OR WIFE

DONT KNOW

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

MTN. GROVE REST HOME

Address

MTN. GROVE MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARDIO-RENAL Vascular Disease

2 months

DUE TO (c)

ATHEROSCLEROSIS

undetermined

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 4-29-63 to 5-13-63 and last saw her alive on 5-13-63. Death occurred at 11:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard B. Mithel

22b. ADDRESS

200 Mt Grove, Mo

22c. DATE SIGNED

5-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

5-14-63

23c. NAME OF CEMETERY OR CREMATORY

Removal

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

BARBER

ADDRESS

MTN. GROVE MO.

25. DATE RECD. BY LOCAL REG.

5-22-63

26. REGISTRAR'S SIGNATURE

Harold W. M. D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1141

214410

3

4 1

5 2

6

7 0

8 0

9442X

10

11

12 86-2

13 2-0

MAY 22 1963

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 RWT Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Grove, 7th

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.