

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023100

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 165

STATE FILE NUMBER

FILED JUN 21 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b 7 days		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Audrain Hospital		d. STREET ADDRESS (If outside, give location) 715 Muldrow (South)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lula Mae Barnard		4. DATE OF DEATH Month June Day 16 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Bethney, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Asa Shettleworth		13b. MOTHER'S MAIDEN NAME Jennie Barry	
14. NAME OF HUSBAND OR WIFE Clyde Barnard		15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. -		17. INFORMANT Gayle Oller	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Essential Hypertension DUE TO (b) Essential Hypertension DUE TO (c) 2 years		INTERVAL BETWEEN ONSET AND DEATH 2 years	
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 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 7:15 P Month, Day, Year May 1956	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 Laddonia, Missouri	
21. I attended the deceased from May 1956 to June 16 1963 and last saw her alive on June 16 1963 Death occurred at 7:15 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Harold J. Laddonia M.D.	
22b. ADDRESS Laddonia, Missouri		22c. DATE SIGNED 6-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-1963	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	23d. LOCATION (City, town, or county) (State) Laddonia, Missouri
24. FUNERAL DIRECTOR Wilkey-Bienhoff		25. DATE RECD. BY LOCAL REG. June 18-1963	
26. REGISTRAR'S SIGNATURE Blanche Neely			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON
Harold J. Laddonia M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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002631-001

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

C. J. Perry

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.