

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333

Primary Registration District No. 2024

Registrar's No. 285

FILE NUMBER
663-048689

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 2 days	c. CITY OR TOWN SIKESTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 816 N. KINGSHIGHWAY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR CLEVELAND BARRETT			4. DATE OF DEATH Month Day Year 12-2-63
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-16-1888
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min. 11 16	10a. USUAL OCCUPATION (Give kind of work done (most of working life, even if retired)) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY CITY CLERK		11. BIRTHPLACE (City and state or country) Doniphan MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME RANDOLPH C. BARRETT		13b. MOTHER'S MAIDEN NAME PAULINE BORTH	
14. NAME OF HUSBAND OR WIFE BURNICE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs Burnice Barrett Sikeston Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIC ACIDOSIS DUE TO CHR. PYELONEPHRITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) As and H.C.U.D.			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 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 a.m. p.m. Month, Day, Year	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.) 1959		20f. CITY, TOWN, OR LOCATION SIKESTON	COUNTY STATE
21. I attended the deceased from 1959 to 12-2-63 and last saw <input checked="" type="checkbox"/> him alive on 12-2-63 Death occurred at 6:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Popp, M.D. (Degree or title)		22b. ADDRESS SIKESTON, MO	22c. DATE SIGNED 12-3-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-4-1963	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Sikeston MO
24. FUNERAL DIRECTOR Wend Funeral Home Sikeston Mo.		25. DATE RECD. BY LOCAL REG. Dec 4 1963	26. REGISTRAR'S SIGNATURE Jeanette Waldman

DEC 1 1963

Permit renewed Dec 3 - 1962

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Liberty 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.