

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048852

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 293

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Burlington Jct.	
Length of stay in 1b 1 day		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) none	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First HATTIE Middle EUNICE Last BARBER		4. DATE OF DEATH Month 12 Day 24 Year 63	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/27/83
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and state or country) Stark County, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Graves		13b. MOTHER'S MAIDEN NAME Rebecca Humm	
14. NAME OF HUSBAND OR WIFE Alonzo A. Barber, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Miss Eddice Barber, Mankato, Minn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Quemias</i> DUE TO (b) <i>Cardiovascular Renal Disease</i> DUE TO (c) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cellulitis, Rt leg - 3 wks</i>		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.	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 12/20/63 to 12/24/63 and last saw her alive on 12/24/63		Death occurred at 9:50 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>S. R. Simpson</i> (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 12/27/63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 12/27/63		23c. NAME OF CEMETERY OR CREMATORY Ohio	
23d. LOCATION (City, town, or county) Burlington Jct., Mo.		24. FUNERAL DIRECTOR ADDRESS	
25. DATE RECD. BY LOCAL REG. 12-27-63		26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 _____

Licensed Embalmer No. 5188

P. O. Address Manassas, 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.