

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

*Doan*  
**63-049125**  
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1922

**FILED DEC 26 1963**

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
10928	
20928	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Length of stay in 1b <u>12 Yrs.</u>	c. CITY OR TOWN <u>St. Charles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Emmaus Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>1109 Perry St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>E.</u> Last <u>Barrell</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>18,</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 14, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</u> IF UNDER 24 HR: Hours <u>4</u> Min. <u></u>
11a. FATHER'S NAME <u>John R. Lamb</u>		11b. MOTHER'S MAIDEN NAME <u>Mary McClusky</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		12b. SOCIAL SECURITY NO. <u></u>	
13a. NAME OF HUSBAND OR WIFE <u>Louis E. Barrell</u>		13b. INFORMANT <u>Mrs. Louise Hurt, St. Charles, Mo.</u> Address <u></u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/>	16b. SUICIDE <input type="checkbox"/>	16c. 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
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.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u>St. Charles, Mo.</u>		20g. COUNTY <u>St. Charles</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>July 1963</u> to <u>Dec 1963</u> and last saw her <u>alive on Dec 13, 1963</u> Death occurred at <u>8:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.A. Doan</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>St. Charles, Mo.</u>	
22c. DATE SIGNED <u>12-20-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 21, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Charles, Mo.</u> (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>Dec 20-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Calvin Stewart</u> <u>Mabel Gurnwalt Dep</u>			

USE BLACK INK OR TYPEWRITER RIBBON

EMBALING

DEC 31 1963

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BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

recorded on the reverse side of this certificate. 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. \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_ working under my personal supervision.

Signed Charles J. Macke

Student \_\_\_\_\_ Signature of Student Embalmer

Licensed Embalmer No. 4530

Licensed Embalmer No. \_\_\_\_\_

P. O. Address St. Charles, Mo

P. O. Address \_\_\_\_\_

LICENSED EMBALMER in his OWN HANDWRITING

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.