

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23412

State File No. _____

No. 300 JUN 17 1952

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 360 | | PRIMARY REG. DIST. NO. 6225 | | Registrar's No. 71 | |
| 1. PLACE OF DEATH a. COUNTY <u>German</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Waco Hosp</u> | | c. LENGTH OF STAY (in this place) <u>4-7-52</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | 0422 | |
| 3. NAME OF DECEASED (Type or Print) <u>MARTHA LULU BARRONS</u> | | | | d. STREET ADDRESS (If rural, give location) <u>315 So 6th</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-52</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>1-26-81</u> | |
| 9. AGE (in years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u> | | IF UNDER 24 HRS. Hours <u>11</u> Min. <u>18</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>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jesse Griffin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hamilton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wesley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Traumatic shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile Deterioration</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓ E9027</u> <u>21</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 18 days</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>State Hosp #3</u> | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Waco German Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-5-1954</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>1-27-1957</u> , to <u>5-23-1957</u> , that I last saw the deceased alive on <u>5-23-1952</u> , and that death occurred at <u>1-30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. White M.D.</u> | | | | 23b. ADDRESS <u>Waco Mo.</u> | | 23c. DATE SIGNED <u>5-23-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 28, 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-9-1952</u> | | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Consensus Funeral Home Clinton Mo.</u> | | | |

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
Student Embalmer

Signed

Percy F. Melster

Licensed Embalmer No. *4803*

P. O. Address. *Nevada, 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 this body is not embalmed, fact should be so stated above.