No. 300
10-48

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10417

530
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BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONWAY Mo
c. LENGTH OF STAY (in this place): 4YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CONWAY. Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: LACLEDE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONWAY Mo 0530
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) LEE c. (Last) BARRETT

4. DATE OF DEATH: (Month) MAR (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DEC 8 1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 3 Days: 13 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): FORSYTH MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: MILTON MOORE

13b. MOTHER'S MAIDEN NAME: MARY J. BARRETT

14. NAME OF HUSBAND OR WIFE: W.J. BARRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: B.A. BARRETT CONWAY MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Dilitation of Left Ventricle — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4342

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-13, 1953, *to* 3-21, 1953 *that I last saw the deceased alive on* 3-16, 1953, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Lindsay MD

23b. ADDRESS: Conway Mo

23c. DATE SIGNED: 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 3-22-1953

24c. NAME OF CEMETERY OR CREMATORY: GRAHAM

24d. LOCATION (City, town, or county) (State): LACLEDE Co MO

DATE REC'D BY LOCAL REG.: 3-24-1953

REGISTRAR'S SIGNATURE: Ella L. Hayo 424

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: BARBER-BARTO MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

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

Received MAR 28 1953

Laclede County Health Unit

File No. 3-53-62

Date Filed MAR 30 1953

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 R W Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove 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.