

Health,
& Welfare
Public
Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40101
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 667

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor ⁰⁴²⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. W. of Windsor		d. STREET ADDRESS (If outside, give location) 6 Mi. W. of Windsor	
3. NAME OF DECEASED (Type or print) First Lula Middle A. Last Barber		4. DATE OF DEATH Month Dec. Day 7 Year 1957	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Charles Co., Mo.
13a. FATHER'S NAME John Ball		13b. MOTHER'S MAIDEN NAME ? Bird	14. NAME OF HUSBAND OR WIFE Harry Barber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address John D. Barber Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Heart Block DUE TO (c) Coronary Jump			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan-1954 , to Dec-2-57 and last saw her alive on Dec-2-1957 Death occurred at Suburban at night on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas W. Henderson		22b. ADDRESS Windsor Mo	22c. DATE SIGNED 12/9-1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-1957	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, MO.
24. FUNERAL DIRECTOR ADDRESS Ellis Huston Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 12-14-57	26. REGISTRAR'S SIGNATURE Mildred Bigum

DEC 18 1957

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 *Clifford Houze*

Licensed Embalmer No. *5014*

P. O. Address *Windsor, Me.*

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.