

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025752

STATE FILE NUMBER

FILED VS AUG 13 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 44

S. 300
v. 1-57

20

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

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>3 1/2 Mi Sw Novelty</u>		c. CITY OR TOWN <u>3 1/2 mi Sw Novelty</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>		d. STREET ADDRESS (If outside, give location) <u>os 20</u>	
Length of stay in lb <u>1 yr</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>MAY</u> Last <u>BARCLAY</u>		4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Jan 20, 1866</u>
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
11. BIRTHPLACE (City and state or country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Alexander Cockrum</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda McCoy</u>	
14. NAME OF HUSBAND OR WIFE <u>Francis Arthur Barclay</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Will D. Porter</u>		Address <u>Novelty, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-Vascular-Renal disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>442X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>June 1959</u> <u>July 30-1959</u>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	
20f. CITY, TOWN, OR LOCATION <u>Novelty, Mo</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>EK Holmes DC</u> (Degree or title)		22b. ADDRESS <u>Novelty, Mo</u>	
22c. DATE SIGNED <u>Aug 10-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2 August '59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Novelty cemetery</u>		23d. LOCATION (City, town, or county) <u>Novelty, Missouri</u>	
24. FUNERAL DIRECTOR <u>AG Riner Edina, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 11-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Will D. Porter</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1959

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 W. S. Rimer

Licensed Embalmer No. 5041
P. O. Address Edina, 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.