

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0003254

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 285

Primary Registration District No. 3038

Registrar's No. 24

FILED JAN 31 1968

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		c. CITY OR TOWN Browning Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise Conv Home		d. STREET ADDRESS (If outside, give location) Browning Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lydia Middle A Last Barclay		4. DATE OF DEATH Month 1 Day 22 Year 1968	
5. SEX Fe	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 11/19/1880 9. AGE (last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Austin Moore		13b. MOTHER'S MAIDEN NAME America Cassity	
14. NAME OF HUSBAND OR WIFE Linneus Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494 40 8932	
17. INFORMANT Harold Thorne		Address Linneus 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) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Pneumonia, chronic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, chronic PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 2:10 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 1-10-68		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Browning COUNTY Linn STATE MO	
21. I attended the deceased from 1-10-68 to 1-22-68 and last saw her alive on 1-22-68 . Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. W. Barber (Degree or title)		22b. ADDRESS Browning Mo.	
22c. DATE SIGNED 1-23-68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/24/1968	23c. NAME OF CEMETERY OR CREMATORY Mt Zion	23d. LOCATION (City, town, or county) (State) Milan Rural Mo
24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS Browning Mo		25. DATE RECD. BY LOCAL REG. 1-23-68	
26. REGISTRAR'S SIGNATURE Anna Watson			

(Licensed Embalmer's Statement on Reverse Side)

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

Gerald T. Wadley

Licensed Embalmer No. 4172

P. O. Address

Browning

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.