

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35970**

FILED OCT 18 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 194

97  
1  
2

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>4 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>765 So. Ellsworth</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
d. STREET ADDRESS (If rural, give location) <b>765 So. Ellsworth</b>		d. STREET ADDRESS (If rural, give location) <b>765 So. Ellsworth</b>	
3. NAME OF DECEASED a. (First) <b>Hattie</b>		b. (Middle) <b>Caroline</b>	
c. (Last) <b>Barr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12-1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 8-1880</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Owensboro-Kentucky</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kept her Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Mike R. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>American Rhiney</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clifford Barr-Sedalia, Missouri</b>	
18. NO. 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Breast (rt)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Late Carcinoma Liver</b> DUE TO (c)	
19a. DATE OF OPERATION <b>11/9/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gall Stones Carcinoma Liver</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-2</b> , 19 <b>49</b> , to <b>Oct 12</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>10-12</b> , 19 <b>49</b> , and that death occurred at <b>2 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Marshall Mo</b>	
23c. DATE SIGNED <b>10/14/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-15-1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall-Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct-14-1949</b>		REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Marshall, Mo</b>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-17-69

OCT 15 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 J. Leslie Swamy

Licensed Embalmer No. 32350

P. O. Address Marshall 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.