

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35681**
Registrar's No. **2666**

XC 1 FILED NOV 10 1950
Reg. 89041

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) Doniphan	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 209 Plum St.	

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) B. c. (Last) BARRETT			4. DATE OF DEATH (Month) (Day) (Year) 11/5/50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singles	8. DATE OF BIRTH 7/14/96	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Doniphan, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME R. C. Barrett		13b. MOTHER'S MAIDEN NAME Pauline Barth		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes World I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			4 days
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (1) Pulmonary tuberculosis, far advanced. Conditions contributing to the death but not related to the disease or condition causing death. (2) Chronic lymphatic leukemia			18 yrs 3 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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? 4200A	

22. I hereby certify that I attended the deceased from 10/10/1950, to 11/5, 1950, ~~that I had not attended the deceased~~ ~~from~~ ~~10/10/1950~~, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.		23c. DATE SIGNED 11/5/50	
24a. BURIAL CREMATION (REMOVAL) (Specify) 4		24b. DATE 11-5-50		24c. NAME OF CEMETERY OR CREMATORY Doniphan Mo	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 11-5-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	
				ADDRESS	

DEC 2 1950

NOV 16 1950

NOV 27 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ronald Oyakumke*

Licensed Embalmer No. *3917*

P. O. Address *St Louis, 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.