

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41977

State File No. \_\_\_\_\_

318

10411

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>3</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>		d. STREET ADDRESS (If rural, give location) <u>825 Ridge Ave.</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALANZO</u> b. (Middle) <u>C.</u> c. (Last) <u>BARRETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 12, 1896</u>	9. AGE (In years last birthday) <u>54</u>	10. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PITTSBURGH GLASS PLATE GLASS</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jess BARRETT</u>		13b. MOTHER'S MAIDEN NAME <u>MARYANN Thorpe</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Louise BARRETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. I.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs A.C. Barrett, Festus, Mo.</u>		
18. CAUSE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>several hrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>42011</u>		
22. I hereby certify that I attended the deceased from <u>12-6-</u> , 19 <u>50</u> , to <u>Dec-6</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>50</u> , and that death occurred at <u>11:45 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>V.S. SCHULTEIN</u> (Degree or title)		23b. ADDRESS <u>Crystal City Mo</u>		23c. DATE SIGNED <u>12-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Festus MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 8 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Country R. Palitte, Crystal City, Mo</u>		

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

JAN 18 1957  
APR 17 1957

FEB 6 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

*Eleanore Prince*

Licensed Embalmer No. 3403

P. O. Address Festus 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.