

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4829

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CANTON</u>		c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Canton</u>		0560
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>Fourth Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Barrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 20, 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob M. Glascock</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hickman</u>		14. NAME OF HUSBAND OR WIFE <u>C. W. Barrett</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>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Hulen</u> <u>117 So. Hickman - Canton Mo</u>		ADDRESS <u>—</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Influenza</u> <u>480X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmities of Old age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-8 weeks</u> <u>2 weeks</u>
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>7-22-53</u> , 19 <u>53</u> , to <u>2-6-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-6-53</u> , 19 <u>53</u> , and that death occurred at <u>8:20p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>P. O. S. A. O.</u>			23b. ADDRESS <u>Centralia MO</u>		23c. DATE SIGNED <u>2-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/9/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New London, Ralls, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb 16 - 1953</u>	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. ...</u>		ADDRESS <u>—</u>

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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Harrisburg, Pa.

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.