

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13448**
 FILED MAY 4 1953
 BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Calloway</u> ⁰¹⁴³		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> ⁰⁸¹⁴	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>Sedale</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1817 South Range</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>MELVA</u> c. (Last) <u>BARBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 53</u>	
5. SEX <u>♀</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-29-1916</u>
9. AGE (In years last birthday) <u>36</u>	10. MONTHS <u>5</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</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>home</u>	13. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co Mo</u>	
13a. FATHER'S NAME <u>Butt Shell</u>	13b. MOTHER'S MAIDEN NAME <u>May Leona Wells</u>	14. NAME OF HUSBAND OR WIFE <u>Byron B Barber</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>Records State Hosp Fulton</u> ADDRESS <u>Fulton</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>Oct 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Lung removed.</u>		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?	
22. I hereby certify that I attended the deceased from <u>April 24</u> 19 <u>53</u> , to <u>April 29</u> 19 <u>53</u> , that I last saw the deceased alive on <u>April 29</u> , 19 <u>53</u> , and that death occurred at <u>4 9</u> m., from the cause and on the date stated above.			
23a. SIGNATURE <u>G. O. Caldwell</u> (Deputy or Title)	23b. ADDRESS <u>Mo Fulton</u>	23c. DATE SIGNED <u>4/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr 29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedale</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr 29 1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwaine Ewing</u> ADDRESS <u>Sedale Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Luana Erving

Licensed Embalmer No. *384*

P. O. Address *Sadalia, ?*

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.