

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3655

State File No. _____

Registrar's No. _____

FEB JAN 15 1954

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074			
1. PLACE OF DEATH a. COUNTY Scott 1003 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott				
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 33 days	c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			e. STREET ADDRESS (If rural, give location) 408 Matthews				
3. NAME OF DECEASED (Type or Print) Louisa		a. (First)	b. (Middle) ---	c. (Last) Barber	4. DATE OF DEATH (Month) (Day) (Year) I 1 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-3-1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Commerce, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME J.W. Masterson		13b. MOTHER'S MAIDEN NAME Mary Shepherd		14. NAME OF HUSBAND OR WIFE John Arthur Barber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.A. Roberts, Sikeston, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease 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 7	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221					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) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-30, 1953, to 1/1, 1954, that I last saw the deceased alive on 1/1, 1954, and that death occurred at 9:45 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. C. Citchlow M.D.		(Degree or title)		23b. ADDRESS Sikeston, MO		23c. DATE SIGNED Jan 5, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-3-54	24c. NAME OF CEMETERY OR CRAMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) SIKESTON		(State) MO	
DATE REC'D BY LOCAL REG. 1-7-54	REGISTRAR'S SIGNATURE Mrs. Olat Hunter		429-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1954

JAN 10 1954

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-7

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 *Raymond Crews*

Licensed Embalmer No. 346

P. O. Address *Leicester*

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.