

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4814 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MATCOLEND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RIFLE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0620</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOVA</u> b. (Middle) <u>CORNELIA</u> c. (Last) <u>WHITMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2-5-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>14 WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUCKHORN MO</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
13a. FATHER'S NAME <u>CALVIN BARRATT</u>		13b. MOTHER'S MAIDEN NAME <u>MISSOURI SAXTON</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>W ASPER BARRATT</u> ADDRESS <u>OSINGTON 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>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>following carcinoma of the</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>the intestines</u> <u>This party had uterus and appendages removed 18 months or 2 years ago for carcinoma above below</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>removed 18 months or 2 years ago for carcinoma above below</u> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>is sequel of that</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) m.	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</u> , 19 <u>54</u> , to <u>June 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 24</u> , 19 <u>54</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William H. Taylor</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Federick Town, 624 H. St.</u>	23c. DATE SIGNED <u>6-14-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARRATT CON</u>	24d. LOCATION (City, town, or county) (State) <u>BUCKHORN MO</u>
DATE REC'D BY LOCAL REG. <u>6-24-54</u>	REGISTRAR'S SIGNATURE <u>Therence G. Gicker</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Taylor</u>	

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

620
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUN 28 1954
RECEIVED

FILE No. 654-40

MAY 7 1954

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.