

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26116**

BIRTH NO. _____ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **6287** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL, and give town) Hartsville Rural	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hartsville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1140
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsville Rural		STREET ADDRESS (If rural, give location) Hartsville Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) IRENE	c. (Last) BARBER	4. DATE OF DEATH (Month) (Day) (Year) 7-5-54
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 8, 1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 9 Days 27	IF UNDER 24 HRS. Hours ? Min. ?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME John H. Rowland	13b. MOTHER'S MAIDEN NAME Sarah Willis	14. NAME OF HUSBAND OR WIFE Jack Barber
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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. none	17. INFORMANT'S SIGNATURE OR NAME Jack Barber	ADDRESS Hartsville, Rt. 2
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7:15** to **7:15**, 19**54**, that I last saw the deceased alive on **7/5**, 19**54**, and that death occurred at **4:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE W. L. Timmerman D.O.	(Degree or title)	23b. ADDRESS Manassas	23c. DATE SIGNED 7/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/8/54	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Wright County Mo.
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DATE REC'D BY LOCAL REG. 7/9/54	REGISTRAR'S SIGNATURE W. L. Timmerman	25. FUNERAL DIRECTOR'S SIGNATURE Wm. S. Ferrell	ADDRESS Manassas Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.
County File Number 754-84
Date Filed 7-24-54

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..... *How G. Lurell*

Licensed Embalmer No. *484*

P. O. Address *Mansfield*

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.