

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 17 1954

State File No. **29537**

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor 16-30	
d. FULL NAME OF HOSPITAL OR INSTITUTION (at Niece's home)		d. STREET ADDRESS (If rural, give location) Bloomfield, Mo. Route # 3	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) BELL c. (Last) BARHAM			4. DATE OF DEATH (Month) (Day) (Year) July 25, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Mar. 22, 1886		9. AGE (In years) (Months) (Days) (Hours) (Min.) 68 4 3		11. BIRTHPLACE (State or foreign country) Near Bloomfield, Mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ---		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME David Prince Babb		13b. MOTHER'S MAIDEN NAME Emma Ruth Wilson		14. NAME OF HUSBAND OR WIFE Deceased	
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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 Mrs. Thurman Thompson-Dexter, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 as follows	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 7-25, 1954 to 7-25, 1954 that I last saw the deceased alive on 7-25, 1954 and that death occurred at 2:30p on, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Davis M.D.	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 7-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 28-54	24c. NAME OF CEMETERY OR CREMATORY Bluff cemetery	24d. LOCATION (City, town, or county) (State) Stoddard county, Mo.
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DATE REC'D BY LOCAL REG. 8-16-54	REGISTRAR'S SIGNATURE Delma D. Y...	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

031
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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, & by Lulu

Cooper # 3499

~~XXXXXXXXXXXX~~

working under my personal supervision.

Signed.....

Ivan C. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

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.