

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29117
Registrar's No. 502

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 5139	Registrar's No. 502	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Coon Island		c. LENGTH OF STAY (In this place) 1 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neelyville RFD			d. STREET ADDRESS (If rural, give location) Neelyville RFD 0120		
3. NAME OF DECEASED (Type or Print) a. (First) Barbara ROBERTA b. (Middle) Booten c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 29, 1878	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months Days
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) Lutesville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Mills		13b. MOTHER'S MAIDEN NAME Amy Abernathy		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) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Booten Neelyville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture, neck of left femur. 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 1 week 7 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.) home		21c. (CITY, TOWN, OR TOWNSHIP) 012 (COUNTY) (STATE) Neelyville, Butler, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-13-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall	
22. I hereby certify that I attended the deceased from 2-15-1955, to 9-13-1955, that I last saw the deceased alive on 3-7-1955, and that death occurred at 2:15A m., from the causes and on the date stated above.					
23a. SIGNATURE W. L. Brandon, MD. (Degree or title)			23b. ADDRESS 1124 N. Main, Poplar Bluff, Md.		23c. DATE SIGNED 9-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 14/55	24c. NAME OF CEMETERY OR CREMATORY Kinsey		24d. LOCATION (City, town, or county) (State) Butler Co. Mo.
DATE RECD BY LOCAL REG. 9/17/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCord Gish naylor, Mo.	

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

Student Embalmer

Signed

Bryan McCord
Licensed Embalmer No. 4079
P. O. Address Waylox 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.