

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31425

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 5780 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Eldon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u>	b. (Middle) <u>-</u>	c. (Last) <u>BARBOUR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 16 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 3, 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Three Oaks, Mich.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew Carpenter</u>	13b. MOTHER'S MAIDEN NAME <u>Lavera Hinckman</u>	14. NAME OF HUSBAND OR WIFE <u>John Barbour</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lennis Bartlett</u>	ADDRESS <u>Eldon</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>THREE DAYS</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DECOMPENSATED HYPERTENSIVE HEART DISEASE</u>		
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 8-13, 1956, to 8-15, 1956, that I last saw the deceased alive on 8-15, 1956, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23. SIGNATURE <u>Robert O. ...</u>	(Degree or title)	23b. ADDRESS <u>ELDON, MISSOURI</u>	23c. DATE SIGNED <u>8-18-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 18, 56</u>	REGISTRAR'S SIGNATURE <u>Alvaretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phillips</u>	ADDRESS <u>Eldon</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 12 '58

Miller County  
Health Department

SEP 29 1958

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edson*

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.