

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026132

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

542  
300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 21 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Lexington</b> 0542 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Lexington Memorial Hospital 31 days</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>1612 Franklin</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ede</b> Middle <b>L.</b> Last <b>Barron</b>		4. DATE OF DEATH <b>June 14 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 8, 1875</b> 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Havana, Illinois</b>
13. FATHER'S NAME <b>Ernest Hoffman</b>		14. MOTHER'S MAIDEN NAME <b>Jeanette Stockert</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>C. Con Barron, Lexington, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b> DUE TO (b) <b>arterial hypertension</b> DUE TO (c) <b>331XF</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>subtrochanteric fracture left femur</b>			19. INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>Hour</b> Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>May 14 1958</b> to <b>June 14 1958</b> and last saw her <sup>her</sup> alive on <b>June 14 1958</b> Death occurred at <b>3430 E</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. Ralph E. Ely M.D.</b>		22b. ADDRESS <b>Lexington</b>	
22c. DATE SIGNED <b>6/26/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 16, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Machpelah</b>		23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Forest F. Tempel, Lexington, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>7-10-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Thomas S. Goodrich</b>	

156

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_  
 Licensed Embalmer No. 998  
 P. O. Address \_\_\_\_\_

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 \_\_\_\_\_  
 Licensed Embalmer No. 998  
 P. O. Address \_\_\_\_\_

**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.