

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032313  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 909A

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MARSHFIELD MO</b> 1120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE</b>		Length of stay in 1b <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>221 N JEFFERSON</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>PEARL BARTON</b>			4. DATE OF DEATH Month Day Year <b>SEPT 19 1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG 29 1889</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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	11. BIRTHPLACE (City and state or country) <b>KANSAS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>WILLIAM FEATHERKILE</b>	
13b. MOTHER'S MAIDEN NAME <b>ADA BROOM</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>GRACE BRUCE</b>		Address <b>MARSHFIELD</b>	
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>Pulmonary edema, acute</b> DUE TO (b) <b>Pulmonary embolus</b> DUE TO (c) _____ 5410 Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b> <b>30 min.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Peptic (Duodenal) ulcer, active bleeding</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 6, 1953</b> to <b>19 Sept 58</b> and last saw her <sup>her</sup> alive on <b>19 Sept 58</b> . Death occurred at <b>800 P m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>T. M. Macdonnell MD</b>		22b. ADDRESS <b>marshfield MO</b>	
22c. DATE SIGNED <b>9/27/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>9-15-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MARSHFIELD</b>		23d. LOCATION (City, town, or county) (State) <b>MARSHFIELD MO</b>	
24. FUNERAL DIRECTOR <b>BARBER EDWARDS</b>		25. DATE RECD. BY LOCAL REG. <b>9-29-58</b>	
ADDRESS <b>MARSHFIELD</b>		26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
T.M. Macdonnell MD - MD

OCT. 6  
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 *RWT Bark* .....

Licensed Embalmer No. *384*  
P. O. Address *Mr. Gove*

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.