

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000816

STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 103 Primary Registration District No. 547 Registrar's No. 1

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Hornersville No.</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hornersville</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b> Length of stay in lb <b>45 Years</b>		d. STREET ADDRESS <b>XX</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <b>Katie</b> Middle <b>D.</b> Last <b>Barcroft</b>			4. DATE OF DEATH Month <b>1-</b> Day <b>10-</b> Year <b>1959</b>
5. SEX <b>F male</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>June 20- 1868</b>
9. AGE (In years last birthday) <b>90</b>		10. FUNDER 1 YEAR Months <b>6</b> Days <b>20</b>	11. IF UNDER 24 HRS. Hours <b>20</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state or country) <b>Bowlinggreen Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jimmy Allen</b>	
13b. MOTHER'S MAIDEN NAME <b>Evelyn Dempsey</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Rosco Goff Hornersville Mo.</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>Renal failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebro vascular accident</b> DUE TO (c) <b>Hypertensive cordis vascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>1 month</b> <b>15 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 WORK <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>6/10/57</b> to <b>1/10/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>1/10/59</b> Death occurred at <b>About 5.00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. P. Palenske</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Hornersville Mo.</b>	22c. DATE SIGNED <b>1/14/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Horner Cemetery</b>	23d. LOCATION (City, town, or county) <b>Hornersville Mo.</b> (State)
24. FUNERAL DIRECTOR <b>Lentz Service</b> ADDRESS <b>Kennett Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/13/59</b>	26. REGISTRAR'S SIGNATURE <b>Sue Palenske</b>

COUNTY FILE NUMBER .....

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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.