

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005369

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 144 Primary Registration District No. 5564 Registrar's No. 24

Death, illness, or injury must be reported to the health department. No symptoms or signs of disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use any standard nomenclature in Part I. No symptoms or signs of disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
3/2/59 del
Items 1c, 10a, 10b, 11 added by query of funeral director

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Arc Union Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Des Arc Union Twp.		6470 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Barbra Catharina Pedrini			4. DATE OF DEATH Month Day Year 3 2 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10/1875		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Des Arc, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jim Waltman			14. MOTHER'S MAIDEN NAME Jane Parker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Emma Blanton Ironton, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Throat</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>1561</i>					INTERVAL BETWEEN ONSET AND DEATH <i>7 yrs.</i>
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 <i>4-17-59</i> to <i>3-2-59</i> and last saw her <i>him</i> alive on <i>3-2-59</i> Death occurred at <i>11</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James R. Jones M.D.</i>				22b. ADDRESS Ironton, Mo	
				22c. DATE SIGNED 3/3/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. NAME OF CEMETERY OR CREMATORY Des Arc Cemetery		23c. LOCATION (City, town, or county) (State) Des Arc Mo	
24. FUNERAL DIRECTOR C.A. Howell		ADDRESS Ironton, Mo.		25. DATE RECD. BY LOCAL REG. 3-5-59	
26. REGISTRAR'S SIGNATURE <i>Mrs. Maria Jones</i>					

MAK 11 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 *Ch. Howell*

Licensed Embalmer No. *36*

P. O. Address *Monte*

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.