

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010555
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 299 Primary Registration District No. 5-558 Registrar's No. 5

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Reynolds		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Centerville		a. STATE Mo		b. COUNTY Reynolds	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Own Home		Length of stay in 1b Life		c. CITY OR TOWN Centerville 0900		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
Mary			Rosina			Barton	
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 20, 1873	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 9 Days 10		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) Reynolds County, Mo. ⁶		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isiah Radford				14. MOTHER'S MAIDEN NAME Margaret Stinett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NA		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Ozro Sutton, Centerville, 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) Carcinoma of Bowells & Liver 2 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 1539							INTERVAL BETWEEN ONSET AND DEATH
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"/> 2
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 Mar 57 to Mar 59 and last saw her alive on _____ Death occurred at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE G. M. Stiefhaber M.D. ^c			22b. ADDRESS Lesterville, Mo.			22c. DATE SIGNED 3-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-59	23c. NAME OF CEMETERY OR CREMATORY Webb Cemetery		23d. LOCATION (City, town, or county) (State) Black, Missouri		
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, Mo.			25. DATE RECD. BY LOCAL REG. 4/3/59		26. REGISTRAR'S SIGNATURE G. M. Stiefhaber		

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas S. Pruitt*.....

Licensed Embalmer No.....4

P. O. Address Ellington,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.