

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012049
STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 4

FILED MAR 17 1959

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-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Licking</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Licking</u> 1070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>North Main St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Madine</u> Middle <u>Thrtle</u> Last <u>Ward</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>5</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9, 1918</u>		9. AGE (In years less birthday) <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Licking Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elby Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Modia Tollmer</u>		14. NAME OF HUSBAND OR WIFE <u>Barnet Licking Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-26-2033</u>	17. INFORMANT <u>Modia Barnes Licking Mo</u> 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) <u>acute pulmonary failure</u> <u>cardiac</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours.</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <u>coronary occlusion</u>	
	DUE TO (c) <u>coronary thrombosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		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 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
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21. I attended the deceased from 1954, to 1959 and last saw her alive on March 5, 1959
Death occurred at 8:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Myers D.O.</u> (Degree or title)	22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>3-9-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Mar 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Boone Park Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
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24. FUNERAL DIRECTOR <u>Smith-Ferguson</u> ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 10, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Hesse</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 5 1959

MAR 23 1959

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 *Erbert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking, 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.