

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022578
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Bonne Terre, Missouri TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Fredericktown TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Bonne Terre Hospital INSTITUTION		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Village Creek Rd.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nellie Middle Adeline Last Barron			4. DATE OF DEATH Month June Day 8 , Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1881		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month 5 Days 3 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Madison County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Banes		14. MOTHER'S MAIDEN NAME Louise St. Gemme			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Linda B. Gale - Council Bluffs, Ia.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH ?
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) Paralysis agitans		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 Bonne Terre, Mo.
		COUNTY _____ STATE _____

21. I attended the deceased from **June 6, 1959** to **June 8, 1959** and last saw ^{her} ~~him~~ alive on **6-7-59**
Death occurred at **4:10a.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *David Jay N.* (Degree or title) _____ 22b. ADDRESS **Bonne Terre, Mo.** 22c. DATE SIGNED **6/15/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 10, 1959** 23c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. Cemetery** 23d. LOCATION (City, town, or county) (State) **Madison County, Missouri**

24. FUNERAL DIRECTOR *W. Ed Dawson* ADDRESS **Fredericktown, Mo.** 25. DATE RECD. BY LOCAL REG. **June 17 1959** 26. REGISTRAR'S SIGNATURE *Cather Rudloff*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

688 7 5777

VS JUL 19 1960
VS JUL 14 1960

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *F. Dawson*.....

Licensed Embalmer No. *4*

P. O. Address *FREDER*

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.