

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-026315**

**FILED VS AUG 11 1959 / 6**

Registration District No. 3060 Primary Registration District No. 3060 Registrar's No. 298

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>Fredericktown</b>	
Length of stay in lb <b>2 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>401 So. Henry St.</b>		d. STREET ADDRESS (If outside, give location) <b>219 S. Main</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Emiline</b> Last <b>Barber</b>			4. DATE OF DEATH Month <b>July</b> Day <b>29</b> Year <b>1959</b>		
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5. SEX <b>Female</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>11/27/1867</b>	9. AGE (last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Francois Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>John W. Turley</b>	13b. MOTHER'S MAIDEN NAME <b>Emiline Shelley</b>	14. NAME OF HUSBAND OR WIFE <b>M. B. Barber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Anson Barber</b> Address <b>125 Alexander, Nutley 10, N.J.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>hypostatic pneumonia</b>		<b>1 day</b>
DUE TO (b) <b>cerebral apoplexy</b>		<b>3 days</b>
DUE TO (c) <b>arteriosclerosis</b>		<b>unk</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <b>3:30 p.m.</b> Month, Day, Year
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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 <b>Fredericktown, Mo.</b>	COUNTY <b>Madison</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>July 15, 1959</b> to <b>July 29, 1959</b> last saw him alive on <b>July 28, 1959</b> Death occurred at <b>3:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>R. Stanley</b>	(Degree or title)	22b. ADDRESS <b>Sumner mo</b>	22c. DATE SIGNED <b>8/4/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/2/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Masonic Cem.</b>	23d. LOCATION (City, town, or county) <b>Fredericktown, Mo.</b>
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24. FUNERAL DIRECTOR <b>Najim Funeral Home,</b>	ADDRESS <b>Fredericktown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 4, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4852

P. O. Address Fredricktown

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.