# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027767
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. _____ Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gainesville
Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Gainesville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Bridges twp.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: Harland Last: Barrett
4. DATE OF DEATH: Month 7 Day 21 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-29-1896
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and state or country): Mercer Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Barrett
13b. MOTHER'S MAIDEN NAME: Lara Craig
14. NAME OF HUSBAND OR WIFE: Neva Barrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-44-314
17. INFORMANT: Neva Barrett Address: Gainesville, Mo.

MEDICAL CERTIFICATION

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) | Pulmonary Edema | 8 hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Congestive Heart failure | 8 hr. |
| DUE TO (c) | Arteriosclerotic heart disease | 8 mo. |

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-18-60, to 7-21-60 and last saw him (her) alive on 7-21-60
Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur L. Beard M.D.
22b. ADDRESS: Gainesville Mo.
22c. DATE SIGNED: 7-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-21-1960
23c. NAME OF CEMETERY OR CREMATORY: Evergreen
23d. LOCATION (City, town, or county) (State): Lineville, Iowa

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Gainesville, Mo.
25. DATE RECD. BY LOCAL REG.: 7-29-60
26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 13 1963

**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 John R. [illegible]

Licensed Embalmer No. 988[illegible]

P. O. Address Somerv[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.