

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 1 1960

-60-033781

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FILLMORE TWP.</u>	Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>RURAL</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEAR GRASSY</u>		d. STREET ADDRESS (If outside, give location) <u>NEAR GRASSY</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>ROY</u> Last <u>BARRETT</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>2</u> Year <u>1960</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-21-1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BOLLINGER Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM A. BARRETT</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENCE HEFNER</u>	14. NAME OF HUSBAND OR WIFE <u>BIRDIE C. BARRETT</u>
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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) <u>Yes WORLD WAR I 27-5-18</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Birdie Barrett, Grassy Mo.</u>	Address _____
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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 <u>few minutes</u>
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>	DUE TO (b) <u>Cardiovascular disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) _____	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2/4/45 to 10/2/60 and last saw him alive on 10/1/60
Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John J. Myers MD</u>	22b. ADDRESS <u>Lutesville Mo</u>	22c. DATE SIGNED <u>10/4/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>OCT. 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>
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24. FUNERAL DIRECTOR <u>Baker Funeral Home, Lutesville, Mo.</u>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>OCT. 5 - 60</u>	26. REGISTRAR'S SIGNATURE <u>Tom Buford Crader</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1960

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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