URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

60-041063

STATE FILE NUMBER

ENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 640

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo
Length of stay in 1b: 35 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univer. of Mo. Medical Center
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route 3
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Florenza Middle Barnes Last Watson
4. DATE OF DEATH: Month 11 Day 15 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/31/22
9. AGE (last birthday): 37
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (City and state or country): Boone Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S. of A
13a. FATHER'S NAME: Fred M. Barnes
13b. MOTHER'S MAIDEN NAME: Lillie Mitchell
14. NAME OF HUSBAND ~~OR WIFE~~: Arlen Watson
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.: 498-12-4666 ~~Unknown~~
17. INFORMANT: Missouri Univ. Medical Records
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma, metastatic, breast.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 November 1, '60, to Nov 15, '60 and last saw the deceased alive on Nov 15 '60
Death occurred at 7 p.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Dept. Surgery UMMC Columbia
22c. DATE SIGNED 11/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/18/1960
23c. NAME OF CEMETERY OR CREMATORY: Locust Grove
23d. LOCATION (City, town, or county) (State): Midway, Mo.

24. FUNERAL DIRECTOR: Lyman Sprinkle, ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 17, 1960
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

_____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lyman Sprinkle

Signature of Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia,

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