

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 293

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10745
20740
20745

3 2

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94412x

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12 2-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JAN 6 1964	
1. PLACE OF DEATH	
a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville	Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS none	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First HATTIE	Middle EUNICE
Last BARBER	
4. DATE OF DEATH	
Month 12	Day 24
Year 63	
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 1/27/83
9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 12
IF UNDER 24 HR Days 24	
Hours 63	
Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Stark County, Ill.	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Graves	
13b. MOTHER'S MAIDEN NAME Rebecca Humm	
14. NAME OF HUSBAND OR WIFE Alonzo A. Barber, dec.	
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 Miss Eddice Barber, Mankato, Minn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Quemias	
DUE TO (b) Cardiovascular Renal Disease	
DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
Cellulitis Rt leg - 3 wks	
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.)	
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 Maryville, Missouri	
COUNTY Nodaway	
STATE Missouri	
21. I attended the deceased from 12/20/63 to 12/24/63 and last saw her ^{her} _{living} alive on 12/24/63	
Death occurred at 9:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S. W. Sings (Degree or title) M. D.	
22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 12/27/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/27/63
23c. NAME OF CEMETERY OR CREMATORY Ohio	
23d. LOCATION (City, town, or county) Burlington Jct., Mo.	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.	
ADDRESS	
25. DATE RECD. BY LOCAL REG. 12-27 63	
26. REGISTRAR'S SIGNATURE Bess Holt	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *G. Merrick*

Licensed Embalmer No. 5188

P. O. Address Manlyville, Mo.

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.