

Health, Welfare, Public Service

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

127  
STATE FILE NUMBER 8

Registration District No. 11 Primary Registration District No. 4024 Registrar's No.

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cassville</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Cassville</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>Route #1</b>                                  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HERBERT</b> Middle <b>WRITER</b> Last  |                                  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>18</b> Year <b>1958</b>   |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 3, 1908</b>   |
| 9. AGE (In years last birthday)<br><b>49</b>   |                                  | IF UNDER 1 YEAR<br>Months <b>9</b> Days   | IF UNDER 24 HRS.<br>Hours <b>0</b> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farm</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Cassville, Missouri</b>                          |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>Charles Writer</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Esther McMillen</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Georgia Writer</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>unknown</b>                                    |                                  | 16. SOCIAL SECURITY NO.<br><b>unknown</b>   | 17. INFORMANT<br><b>Mrs. Georgia Writer-Cassville, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Adenocarcinoma of lung</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 months</b>   |
| DUE TO (b) <b>Unknown</b>  |                                  |   |   |
| DUE TO (c)   |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                              |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>157X</b>   |   |
| 20c. TIME OF INJURY<br>Hour <b>3:30</b> Month, Day, Year <b>6-7-58</b>   |                                  | 20d. INJURY OCCURRED WHILE AT <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  | COUNTY <b>Barry</b> STATE   |
| 21. I attended the deceased from <b>6-7-58</b> to <b>1-18-58</b> and last saw him alive on <b>1-18-58</b>  |                                  | Death occurred at <b>3:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE<br><i>Herbert Writer</i>  |                                  | 22b. ADDRESS<br><b>Barry, Mo</b>  | 22c. DATE SIGNED<br><b>1/20/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>1-20-1958</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sparks Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Barry County, Missouri</b>                    |
| 24. FUNERAL DIRECTOR<br><b>Culver's-Cassville, Missouri</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>1-27-1958</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Grace Williams</i>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 258-27

DATE REC. 2-3-58

MAR 16 1958  
JUN 6  
1962

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.