

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014335

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 562

FILED MAY 2 1967

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Marshfield</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Bridge Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>429 S White Oak</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BEVERLY ALLEN BARRETT</u>			4. DATE OF DEATH Month Day Year <u>Apr 17 1967</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>3-16-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. K.R. Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birth day) <u>78</u>
13a. FATHER'S NAME <u>William Barrett</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Vernie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-03-9703</u>	17. INFORMANT <u>Vernie Barrett, Marshfield</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of the prostate</u>			<u>4 yrs.</u>
DUE TO (c) <u>arterio aneurysm</u>			<u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ASCVD</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year	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	COUNTY STATE
21. I attended the deceased from <u>1963</u> to <u>1967</u> and last saw her/him alive on <u>17 April</u> Death occurred at <u>9:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edwin M Powell MD</u>		22b. ADDRESS <u>609 Cherry Springfield Mo</u>	22c. DATE SIGNED <u>26 April 67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-19-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>	23d. LOCATION (City, town, or county) (State) <u>Marshfield Mo</u>
24. FUNERAL DIRECTOR <u>Barber-Edwards Marshfield</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-67</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Foxley</u>

USE BLACK INK OR TYPEWRITER RIBBON

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1-10-115

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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 RWB Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove 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.

apud subalternis...