

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14465**

FILED APR 18 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **PETTIS**
(b) City or town **SEDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1200 WEST 14th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 years** (years, months or days)

3. (a) PRINT FULL NAME HORACE GREELEY BARNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **FEB. 19/1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 - - - hr. min.

9. Birthplace **PETTIS COUNTY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **Old Age Pensioner.**

12. Name **UNKNOWN ED. BARNETT**

13. Birthplace **MO**
(City, town, or county) (State or foreign country)

14. Maiden name **JANE CHANDLER**

15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amelia West**

(b) Address **1200 W 14, Sedalia**

17. (a) **Burial** (b) Date thereof **2-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Geo. Dillard**

(b) Address **Sedalia**

19. (a) **2-21-47** (b) **Betty Yeager**
(Date received local registrar) (Signature of registrar)

(c) **251** (d) **2/21/47**
(Licensed Embalmer's Stamp) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**
(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **1200 WEST 14th**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **19** year **1947** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **FEB 18** 19 **47**, to **FEB 19** 19 **47**
that I last saw him alive on **18 FEB** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **HYPOSTATIC PNEUMONIA** Duration **3 DAYS**

Due to **CARDIAC DECOMPENSATION IMC.V.**

Due to **ARTEROSCLEROTIC HEART DISEASE** **10 YRS**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g m d**

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? _____ (Specify type of place)

(e) Means of injury **0**

23. Signature **A. L. Edukier** (M. D. or other) **MD**

Address **Sedalia Mo** Date signed **2/21/47**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address.....

Sedalia 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 this body is not embalmed, fact should be so stated above.