

FILED MAR 7 1949

# STANDARD CERTIFICATE OF DEATH

State File No. ....

5785

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAYNESVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAYNESVILLE, MISSOURI</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RURAL ROUTE 1</u>				d. STREET ADDRESS (If rural, give location) <u>LIBERTY TWS. ROUTE 1</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH PATRICK</u>		a. (First)		b. (Middle)		c. (Last) <u>BARLET</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 13, 1913</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>EAST ST. LOUIS ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>CHARLES BARLET</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE MCCOY</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE BARLET</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>WAR 2 NAVY</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS BARLET</u> ADDRESS <u>MISSOURI WAYNESVILLE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNED</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  9218 48				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>RICHLAND, MISSOURI</u> (COUNTY) <u>RURAL PULASKI</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 20</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James Hedges Corral</u> (Degree or title)				23b. ADDRESS <u>RICHLAND, MISSOURI</u>		23c. DATE SIGNED <u>2/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>RICHLAND, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-28-49</u>		REGISTRAR'S SIGNATURE <u>Shelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Depler</u>		ADDRESS <u>Richland</u>	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 2 1949

JUN 3 1949

MAR 7 1949

### 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 .....  
Student Embalmer

Signed

*R. B. Zuper*

Licensed Embalmer No.

*3198*

P. O. Address

*Richland*

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.