

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8197

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jack Wilks St.				d. STREET ADDRESS (If rural, give location) Jack Wilks St.			
3. NAME OF DECEASED (Type or Print) a. (First) LeRoy b. (Middle) Barnett c. (Last) Barnett				4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1949			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 25, 1899	
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR 2		11. UNDER 1 YEAR 2		12. UNDER 1 YEAR 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Labor			
11. BIRTHPLACE (State or foreign country) Howard Co. Missouri				12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME John Barnett				13b. MOTHER'S MAIDEN NAME Lena Hill			
14. NAME OF HUSBAND OR WIFE Etta White				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY 492-12-6248				17. INFORMANT'S SIGNATURE OR NAME Bessie Coleman ADDRESS Fayette, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Pulmonary TB 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. 19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION 2X			
20. AUTOPSY? YES ☐ NO ☒				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from Jan. 26, 1949 , to March 3, 1949 , that I last saw the deceased alive on Feb 25, 1949 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. Shaw M.D. (Degree or title)				23b. ADDRESS Fayette Mo.			
23c. DATE SIGNED 3-4-49				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 3/5/49				24c. NAME OF CEMETERY OR CREMATORY City Cemetery			
24d. LOCATION (City, town, or county) (State) Fayette, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette Mo			
DATE REC'D BY LOCAL REG. 3-5-1949				REGISTRAR'S SIGNATURE Dorothy Fern Sahler			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 3-23-49
Date Filed 3-23-49

STATEMENT BY LICENSED EMBALMER

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

Marshall C. Blackwell

Student Embalmer No. 293

working under my personal supervision.

Signed Marshall C. Blackwell
Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.