

No. 300  
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85000

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9552

State File No. ....

FILED MAR 21 1949

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Waynesville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rout 1. Liberty Twns</u>				d. STREET ADDRESS (If rural, give location) <u>Rout 1. Liberty Twns.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle)		c. (Last) <u>Barlet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-26-1920</u>		9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 6 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int National Trade</u>		11. BIRTHPLACE (State or foreign country) <u>Perry Florida</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Barlet</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>262-18-5245</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Barlet</u> ADDRESS <u>Waynesville Mo</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 <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 9 24 7</u> <u>6 9 11 2</u> <u>4 2</u>					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.) <u>Gasconade River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Pulaski of Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>00</u>			
22. I hereby certify that I attended the deceased from <u>March 8, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>about 7 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy Junior Hedges</u> Coroner <u>3</u>				23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>3/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Daklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland MO</u>	
DATE REC'D BY LOCAL REG. <u>March 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Idma C. Buckner</u> <u>389</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Leece Richland</u>			

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

AUG 3 1949

JUN 4 1949

JUN 7 1949

SEP 1 1949

JUN 3 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

*Not Embalmed*

Signed \_\_\_\_\_

*R. B. Jeepe*

Licensed Embalmer No. *3198*

P. O. Address *Rehland*

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.