U.S. No. 300
Rev. 10.48

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FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. - Bragg

State File No. 12841

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 3000 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxter Springs
d. STREET ADDRESS (If rural, give location): 240 West 9 St

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): Lee
c. (Last): Barnett

4. DATE OF DEATH (Month) (Day) (Year): 4-30-49

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 27-1886
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Holland
13b. MOTHER'S MAIDEN NAME: Nancy Turner
14. NAME OF HUSBAND OR WIFE: D. Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: D. Barnett
ADDRESS: Baxter Spgs.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General carcinomatosis of lungs, Metastises. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignancy of Right breast — 11/18/48.
DUE TO (c) Malignancy of left breast, not operated.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No 19 1948.
19b. MAJOR FINDINGS OF OPERATION: MOX
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) m.:
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 Nov 18, 1948, to 4-30, 1949; that I last saw the deceased alive on 4-30, 1949, and that death occurred at 2.25 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Frisco Bldg, Joplin Mo
23c. DATE SIGNED: 4/30/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-30-49
24c. NAME OF CEMETERY OR CREMATORY: Baxter Spgs
24d. LOCATION (City, town, or county) (State): Baxter Spgs Kans.

DATE REC'D BY LOCAL REG.: 5-2-49
REGISTRAR'S SIGNATURE: Edw Janney 138 by Dolores Simpson D.C.
25. FUNERAL DIRECTOR'S SIGNATURE: J Lance Wene
ADDRESS: Baxter Spgs Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

49-5-383

NOV 17 1952

NOV 14 1952

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 Wiene Funeral Home, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed J. Lance Wiene

Licensed Embalmer No. 2880 mo.

P. O. Address Baxter Springs Kans

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.