

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Willis-13471
State File No. 3

FILED APR 18 1949

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6032		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - DONIPHAN TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>7 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - DONIPHAN TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles North east of Doniphan</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles Northeast of Doniphan</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANKIE</u>		a. (First) <u>B</u>		c. (Last) <u>BARNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-19-1883</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter B. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Jones</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. Barnett - deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Barnett - Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperplasia of abdominal cancer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Causes of stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				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)		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 <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>April, 1948</u> to <u>Jan 15, 1949</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.E. Killian MD</u>		(Degree or title)		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>Jan 31 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County - Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-4-49</u>		REGISTRAR'S SIGNATURE <u>E.O. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.W. Edwards - Doniphan Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 449270

Date Filed 4-12-49

STATEMENT BY LICENSED EMBALMER

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

Student Embalmer No. _____

working under my personal supervision.

Signed Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.