

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1949

State File No. 194117
2645

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>17 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		40	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHEAST OSTEOPATHIC</u>				d. STREET ADDRESS (If rural, give location) <u>4843 E-74 19 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>LUCINDA</u> c. (Last) <u>BARNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-1949</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>-8-12-1969</u>	
9. AGE (In years last birthday) <u>79</u>		10. 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>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>BATES CO Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JOHN DONOHOO</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA PRICE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM BARNETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clayde Barnett</u> ADDRESS <u>4843 E-74</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.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> <u>4 yrs.</u>				DUE TO (c) <u>arteriosclerosis</u> <u>4 yrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332A		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>Aug 23, 1945</u> , to <u>June 19, 1949</u> that I last saw the deceased alive on <u>June 19, 1949</u> , and that death occurred at <u>4:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Poosik</u> (Degree of title) <u>D.O.</u>				23b. ADDRESS <u>6518 Independence Ave.</u>		23c. DATE SIGNED <u>6/20/49</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Removal</u>		24b. DATE <u>6/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-20-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Skeel</u> ADDRESS <u>K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

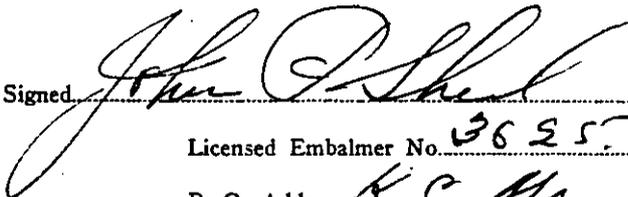
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 36255

P. O. Address K. C. 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.