No. 300
10.48

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39886

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 449 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORNFELT
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORNFELT
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) BERT c. (Last) BARNETT
4. DATE OF DEATH (Month) DEC (Day) 1 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 9, 1880
9. AGE (In years last birthday): 69 — 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): CARMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): GOREVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: WM JACK BARNETT
13b. MOTHER'S MAIDEN NAME: FRANCES RIDENHOWER
14. NAME OF HUSBAND OR WIFE: GERTRUDE BURNETTE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): ~~490-24-5914~~
16. SOCIAL SECURITY NO.: 490-24-5914
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gertrude Barnett — ADDRESS: Fornfelt, Mo

MEDICAL CERTIFICATION

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.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* June 18, 1944, *to* Dec 1st, 1949, *that I last saw the deceased alive on* Dec 1, 1949, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Denton Wilson (Degree or title) D.O.
23b. ADDRESS: Fornfelt, Mo.
23c. DATE SIGNED: Dec. 1, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 3 1949
24c. NAME OF CEMETERY OR CREMATORY: LIGHTNER
24d. LOCATION (City, town, or county): Illmo (State): MO.

DATE REC'D BY LOCAL REG.: 12-3-49
REGISTRAR'S SIGNATURE: K. F. Downing 300
25. FUNERAL DIRECTOR'S SIGNATURE: Bagley Huff Funeral Home — ADDRESS: Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 12 1949

RECEIVED DEC 5 1
District Health Office N
District File Number 949-1
Date Filed

DEC 10 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Ollie C Smith

Licensed Embalmer No. 4470

P. O. Address Illmo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.