

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41767
49

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BLAZE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BLAZE</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 mi West - TBRumley</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi - West - TBRumley - Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LOUISA</u> c. (Last) <u>BARNETT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 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>14 June 1873</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>- Home</u>		11. BIRTH PLACE (State or foreign country) <u>Miller - Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William - MAHOR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GARDNER</u>		14. NAME OF HUSBAND OR WIFE <u>Johanna - BARNETT</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 ADDRESS <u>CORA - De GRATTEN RICH - KAISER</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>			
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 1949, to <u>Dec 30</u> , 1949, that I last saw the deceased alive on <u>Dec 22</u> , 1949, and that death occurred at <u>8:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. O. Shelton M.D.</u>				23b. ADDRESS <u>ELDON Mo</u>		23c. DATE SIGNED <u>31 Dec 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1 JAN 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boltz - Cem -</u>		24d. LOCATION (City, town, or county) (State) <u>Miller - Co - Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-31-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. R. Haverkamp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Hays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
1-6-50
District Health Officer No. 9,
District File Number.

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

Keith M. Kays

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.