

0.300  
0.48

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1585

BIRTH NO. REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 5606 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Johnson <i>Jackson Twp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Holden, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural <i>Jackson Twp.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 1/2 Mi. N. Holden, Mo.		d. STREET ADDRESS (If rural, give location) North 6 1/2 Mi.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clem	b. (Middle) Leslie	c. (Last) Barnett	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1950
--	-----------------	--------------------	-------------------	--

5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1868	9. AGE (In years last birthday) 81 yrs	IF UNDER 1 YEAR 11 mo	IF UNDER 24 HRS. 10 da
--	---------------------------	---	-----------------------------------	---	--------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Allensville, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	-------------------------------------

13a. FATHER'S NAME Jefferson Barnett	13b. MOTHER'S MAIDEN NAME Lavina Graves	14. NAME OF HUSBAND OR WIFE <i>Mary Risk</i>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eula Mae Hennessey, K. C. Mo.	ADDRESS
---	---------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH  75 3/4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Carcinomatosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>primary in Sigmoid Colon</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Gen Arteriosclerosis</i>			

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) (Min)	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 June 2, 1946, to Feb 5, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Kelly Prowling M.D.</i>	23b. ADDRESS <i>Holden Mo</i>	23c. DATE SIGNED <i>2/6/50</i>
--	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <input checked="" type="checkbox"/>	24b. DATE 2-7-1950	24c. NAME OF CEMETERY OR CREMATORY College Springs	24d. LOCATION (City, town, or county) (State) College Springs, Iowa
--	-----------------------	---	--

DATE REC'D BY LOCAL REG. Feb 6 1950	REGISTRAR'S SIGNATURE <i>Mrs G. V. Redford</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Cast</i>	ADDRESS HOLDEN MO
--	---	---	----------------------

(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 *E. B. Best*

Licensed Embalmer No. 4059

P. O. Address Hollen, 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.