

No. 300
10.48

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9457
State File No.

0540

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

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Odessa</u>		c. CITY OR TOWN <u>Odessa</u>	
c. LENGTH OF STAY (in this place) <u>20yr.</u>		d. STREET ADDRESS (If rural, give location) <u>104 W. Dryden St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 W. Dryden St.</u>		d. STREET ADDRESS (If rural, give location) <u>104 W. Dryden St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Robert</u> c. (Last) <u>Barnett.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Odessa Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John M Barnett</u>	
13b. MOTHER'S MAIDEN NAME <u>Sue Stahl</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel Barnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-16-0845</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rachel Barnett</u> ADDRESS <u>Odessa 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular</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>Arteriosclerosis</u>	
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>Jan 3, 1950</u> to <u>Jan 5, 1950</u> , that I last saw the deceased alive on <u>Jan 4, 1950</u> , and that death occurred at <u>104 W. Dryden St.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Odessa Mo</u>	
23c. DATE SIGNED <u>1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan 6 1950</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		15. U.S. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Odessa Mo</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-20-50

MAR 21 1950

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 Norma Blum

Licensed Embalmer No. 2758

P. O. Address Adessa Mrs.

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.