

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20027**

|   |                           |  |   |   |   |   |  |
|---|---------------------------|--|---|---|---|---|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>141</u>  |   | PRIMARY REG. DIST. NO. <u>3025</u>  |   | Registrar's No. <u>3</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Nowell</u>  |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>West Plains</u>  |                           | c. LENGTH OF STAY (In this place)<br><u>8 1/2</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>West Plains, Mo 0460</u>                                       |   | d. STREET ADDRESS (If rural, give location)<br><u>RFD</u>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                           |  |   | d. STREET ADDRESS   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>E.</u> c. (Last) <u>Barnett</u>   |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>4-25-1950</u> |   |   |   |  |
| 5. SEX <u>F</u>   | 6. COLOR OF RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>W</u>                                     |   | 8. DATE OF BIRTH<br><u>6-15-1868</u>  | 9. AGE (In years less birthday)<br><u>81</u>      | IF UNDER 1 YEAR<br>Months <u>10</u> Days <u>10</u>                      | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                           |  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Nowell County, Mo</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |                           |  |   |   |   |   |  |
| 13a. FATHER'S NAME<br><u>Norton Spadlin</u>   |                           |  | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Tucker</u>       |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mal Barnett</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)   |                           | 16. SOCIAL SECURITY NO.<br><u></u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mal Barnett, West Plains Mo</u>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |                           |  |   |   |   |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>  |                           |  |   |   |   |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Arterial Hypertension - Severe</u>  |                           |  |   |   |   |   |  |
| DUE TO (c)  |                           |  |   |   |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                           |  |   |   |   |   |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>443X</u>   |                           |  |   |   |   |   |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   |   |  |
| 20. AUTOPSY?<br>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 <u>22/2</u> , 19 <u>50</u> , to <u>25/4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>24/4</u> , 19 <u>50</u> and that death occurred at <u>3:00</u> p.m., from the causes and on the date stated above. |                           |  |   |   |   |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Robertson M. W. West Plains, Mo.</u>   |                           |  |   | 23b. ADDRESS<br><u>West Plains, Mo.</u>   |   | 23c. DATE SIGNED<br><u>3 May 50</u>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                           | 24b. DATE<br><u>4-27-50</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>New Hope</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>West Plains, Mo</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>7-13-50</u>  |                           | REGISTRAR'S SIGNATURE<br><u>Beatrice Cook</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Robertson M. West Plains Mo</u>  |   |   |  |

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

RECEIVED

6-19-5

District Health Officer No.

District File Number 659

Date Filed 6-19-

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.....

P. O. Address.....

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.