No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton

FILED JUL 8 1950

State File No. 22463

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Summersville
c. LENGTH OF STAY (In this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Summersville 1110
d. STREET ADDRESS (If rural, give location): Route #4 0

3. NAME OF DECEASED (Type or Print): a. (First) Bessie b. (Middle) c. (Last) Barnett

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 50

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10-1878

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months: 0 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: Susan Vanhorn

14. NAME OF HUSBAND OR WIFE: W C Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: W C Barnett Rt4 Summersville, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Arterial Hypotension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 12 X

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* Jan _____, 19 50, *to* June 13, 19 50, *that I last saw the deceased alive on* June 13, 19 50, *and that death occurred at* 5a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Lacie Hampton DO

23b. ADDRESS: Summersville

23c. DATE SIGNED: June 19

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 6-16-50

24c. NAME OF CEMETERY OR CREMATORY: Barnett

24d. LOCATION (City, town, or county) (State): Summersville, Mo.

DATE REC'D BY LOCAL REG.: 6/20/50

REGISTRAR'S SIGNATURE: Ethel Allen per Allen

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

RECEIVED JUN 29 1950

District Health Office No. 6

District File Number

Date Filed

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.

Signed John L Duncan

Signed

Student Embalmer

Licensed Embalmer No. 25/66

P. O. Address Mansfield 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.