

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1950

Hampson 22463
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6136</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u> <u>1/10</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Route #4</u>			
3. NAME OF DECEASED (Type or Print) <u>Bessie</u>		a. (First)		b. (Middle)		c. (Last) <u>Barnett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 15-50</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 10-1878</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>0</u>		11. DAYS <u>4</u>	
12. HOURS <u>0</u>		13. MIN. <u>0</u>		14. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		15. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		17. KIND OF BUSINESS OR INDUSTRY _____		18. NAME OF HUSBAND OR WIFE <u>W C Barnett</u>		19. NAME OF DECEASED (Type or Print) <u>Bessie</u>	
20. FATHER'S NAME <u>unknown</u>		21. MOTHER'S MAIDEN NAME <u>Susan Vanhorn</u>		22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		23. SOCIAL SECURITY NO. _____	
24. INFORMANT'S SIGNATURE OR NAME <u>W C Barnett</u>		25. ADDRESS <u>kt4 Summersville, Mo.</u>		26. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Embolism</u>		27. MEDICAL CERTIFICATION	
28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		29. ANTECEDENT CAUSES <u>Arterial Hypertension</u>		30. OTHER SIGNIFICANT CONDITIONS <u>5912 X</u>		31. INTERVAL BETWEEN ONSET AND DEATH	
32. DATE OF OPERATION _____		33. MAJOR FINDINGS OF OPERATION _____		34. AUTOPSY? YES ☐ NO ☒		35. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		37. (CITY, TOWN, OR TOWNSHIP) _____		38. (COUNTY) _____		39. (STATE) _____	
40. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		41. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		42. HOW DID INJURY OCCUR? _____		43. I hereby certify that I attended the deceased from <u>Jan</u> 19 <u>50</u> , to <u>June 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 12</u> , 19 <u>50</u> , and that death occurred at <u>5a</u> m. from the causes and on the date stated above.	
44. SIGNATURE <u>Dr. Hader Hampton</u>		45. ADDRESS <u>Summersville</u>		46. DATE SIGNED <u>June 19</u>		47. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
48. DATE <u>6-16-50</u>		49. NAME OF CEMETERY OR CREMATORY <u>Barnett</u>		50. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>		51. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>	
52. LOCAL REG. <u>6/20/50</u>		53. REGISTRAR'S SIGNATURE <u>306</u>		54. ADDRESS <u>Mtn View, Mo</u>		55. (Licensed Embalmer's Statement on Reverse Side)	

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

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

RECEIVED JUN 29 1950

District Health Office No. 6

District File Number

Date Filed

1. NAME OF DECEASED (Last, first, middle initial) _____		2. SEX _____		3. AGE (In years, months, days) Years _____ Months _____ Days _____		4. DATE OF DEATH (Month) (Day) (Year) _____	
5. USUAL OCCUPATION (If deceased was a professional, list profession) _____		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, DIVORCED, SEPARATED _____		8. DATE OF BIRTH _____	
9. USUAL RESIDENCE (Where deceased lived, if different from place of death) _____		10. PLACE OF BIRTH _____		11. PLACE OF DEATH _____		12. PLACE OF BIRTH _____	
13. NAME OF HUSBAND OR WIFE _____		14. NAME OF HUSBAND OR WIFE _____		15. NAME OF HUSBAND OR WIFE _____		16. NAME OF HUSBAND OR WIFE _____	
17. NAME OF HUSBAND OR WIFE _____		18. NAME OF HUSBAND OR WIFE _____		19. NAME OF HUSBAND OR WIFE _____		20. NAME OF HUSBAND OR WIFE _____	
21. NAME OF HUSBAND OR WIFE _____		22. NAME OF HUSBAND OR WIFE _____		23. NAME OF HUSBAND OR WIFE _____		24. NAME OF HUSBAND OR WIFE _____	
25. NAME OF HUSBAND OR WIFE _____		26. NAME OF HUSBAND OR WIFE _____		27. NAME OF HUSBAND OR WIFE _____		28. NAME OF HUSBAND OR WIFE _____	
29. NAME OF HUSBAND OR WIFE _____		30. NAME OF HUSBAND OR WIFE _____		31. NAME OF HUSBAND OR WIFE _____		32. NAME OF HUSBAND OR WIFE _____	
33. NAME OF HUSBAND OR WIFE _____		34. NAME OF HUSBAND OR WIFE _____		35. NAME OF HUSBAND OR WIFE _____		36. NAME OF HUSBAND OR WIFE _____	
37. NAME OF HUSBAND OR WIFE _____		38. NAME OF HUSBAND OR WIFE _____		39. NAME OF HUSBAND OR WIFE _____		40. NAME OF HUSBAND OR WIFE _____	
41. NAME OF HUSBAND OR WIFE _____		42. NAME OF HUSBAND OR WIFE _____		43. NAME OF HUSBAND OR WIFE _____		44. NAME OF HUSBAND OR WIFE _____	
45. NAME OF HUSBAND OR WIFE _____		46. NAME OF HUSBAND OR WIFE _____		47. NAME OF HUSBAND OR WIFE _____		48. NAME OF HUSBAND OR WIFE _____	
49. NAME OF HUSBAND OR WIFE _____		50. NAME OF HUSBAND OR WIFE _____		51. NAME OF HUSBAND OR WIFE _____		52. NAME OF HUSBAND OR WIFE _____	
53. NAME OF HUSBAND OR WIFE _____		54. NAME OF HUSBAND OR WIFE _____		55. NAME OF HUSBAND OR WIFE _____		56. NAME OF HUSBAND OR WIFE _____	
57. NAME OF HUSBAND OR WIFE _____		58. NAME OF HUSBAND OR WIFE _____		59. NAME OF HUSBAND OR WIFE _____		60. NAME OF HUSBAND OR WIFE _____	
61. NAME OF HUSBAND OR WIFE _____		62. NAME OF HUSBAND OR WIFE _____		63. NAME OF HUSBAND OR WIFE _____		64. NAME OF HUSBAND OR WIFE _____	
65. NAME OF HUSBAND OR WIFE _____		66. NAME OF HUSBAND OR WIFE _____		67. NAME OF HUSBAND OR WIFE _____		68. NAME OF HUSBAND OR WIFE _____	
69. NAME OF HUSBAND OR WIFE _____		70. NAME OF HUSBAND OR WIFE _____		71. NAME OF HUSBAND OR WIFE _____		72. NAME OF HUSBAND OR WIFE _____	
73. NAME OF HUSBAND OR WIFE _____		74. NAME OF HUSBAND OR WIFE _____		75. NAME OF HUSBAND OR WIFE _____		76. NAME OF HUSBAND OR WIFE _____	
77. NAME OF HUSBAND OR WIFE _____		78. NAME OF HUSBAND OR WIFE _____		79. NAME OF HUSBAND OR WIFE _____		80. NAME OF HUSBAND OR WIFE _____	
81. NAME OF HUSBAND OR WIFE _____		82. NAME OF HUSBAND OR WIFE _____		83. NAME OF HUSBAND OR WIFE _____		84. NAME OF HUSBAND OR WIFE _____	
85. NAME OF HUSBAND OR WIFE _____		86. NAME OF HUSBAND OR WIFE _____		87. NAME OF HUSBAND OR WIFE _____		88. NAME OF HUSBAND OR WIFE _____	
89. NAME OF HUSBAND OR WIFE _____		90. NAME OF HUSBAND OR WIFE _____		91. NAME OF HUSBAND OR WIFE _____		92. NAME OF HUSBAND OR WIFE _____	
93. NAME OF HUSBAND OR WIFE _____		94. NAME OF HUSBAND OR WIFE _____		95. NAME OF HUSBAND OR WIFE _____		96. NAME OF HUSBAND OR WIFE _____	
97. NAME OF HUSBAND OR WIFE _____		98. NAME OF HUSBAND OR WIFE _____		99. NAME OF HUSBAND OR WIFE _____		100. NAME OF HUSBAND OR WIFE _____	

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. _____
 Signed _____
 Licensed Embalmer No. 2516
 P. O. Address _____

working under my personal supervision.

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.