

## STANDARD CERTIFICATE OF DEATH

State File No. 5565

FILED FEB 21 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) 18 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSP.		d. STREET ADDRESS (If rural, give location) 218 WEST 16th	
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) E c. (Last) BARNETT		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Apr. 23, 1901
9. AGE (in years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Shoe Prop.	11. BIRTHPLACE (State or foreign country) West Plains, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Shoe Prop.		10b. KIND OF BUSINESS OR INDUSTRY Shoe Business	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James R. Priddy		13b. MOTHER'S MAIDEN NAME Nancy Tucker	14. NAME OF HUSBAND OR WIFE James A. Barnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Barnett 218 W 16th Sedalia
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple crushing injuries including multiple fractures of thorax and extremities resulting from being struck by moving automobile DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 65/15 mi S of Sedalia Mo.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis 132 Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 11 1951 8:20 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Hit by car while standing along Highway			
22. I hereby certify that I attended the deceased from 2-11, 1951, to 2-11, 1951, that I last saw the deceased alive on 2-11, 1951, and that death occurred at 10:40 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. R. Edwards M.D.		23b. ADDRESS Sedalia, Mo.	
23c. DATE SIGNED 7/11/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1951	
24c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) Lebanon, Missouri	
DATE REC'D BY LOCAL REG. 2/14/51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. W. Heckart Sedalia, Mo.	

RECEIVED 2-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-20-51

FEB 22 1951

OCT 29 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4818

P. O. Address Sidalia, 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.