

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11294

BIRTH NO. _____		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 4514		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home in Green City				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print)		a. (First) Parthenia		b. (Middle) Esther		c. (Last) Barnett	
4. DATE OF DEATH		March 15, 1951		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1883		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Busick		13b. MOTHER'S MAIDEN NAME Josaphine Duley		14. NAME OF HUSBAND OR WIFE Harve Barnett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harve Barnett, Green City, 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) Coronary Sclerosis ANTECEDENT CAUSES This woman had been heart attack for a long time I was dead when I got to their home DUE TO (b) Forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min 4201	
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) (Min.)		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 March 15, 1951, to March 15, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred about 5:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. H. H. M. D.				23b. ADDRESS Green City, Mo.		23c. DATE SIGNED Mar 17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery Green City, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. March 22, 1951		REGISTRAR'S SIGNATURE Laura M. Battelle		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kenton		ADDRESS Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-5'99
Date Filed: MAR 27 1951

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

Harold R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.