BOWATG  D. CITY (II contable corporate limite, write RURAL and give OR CONTY)  OR Fayette  OF CITY (II contable origonate limite, write RURAL and give Contable)  OR FAY (in this place)  I CAULE NAME OF CIT contable to insuring the limits or insuring the limit of the place)  OF CITY (II contable origonate limite, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable origonate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits, write RURAL and give for contable)  OF CITY (II contable originate limits)  OF CIT	FILED ADD OF	The same	HE DIVISION OF HE			1227
1. PLACE OF DEATH A. COUNTY HOWARD  D. CITY (If estables companies libelle, write RURAL and give township) TOWN Fayette  OF FUL MANE OF (if not is beneficial or institutions, give stress address or location in the manufacture) TOWN Fayette  OF FUL MANE OF (if not is beneficial or institutions, give stress address or location in the manufacture) INSTITUTION 3(0) East Liouisana St.  SEX DECEASED (Type or Prins) Arthur  S. SEX OR OR RACE  S. SEX OR OR RACE  OR OR OR RACE  OR OR OR OR OR OR OR MANE  DEATH A TIPLI 17 19  OR O	LILLEN SEK SE	5 195 <b>1 STA</b>	ANDARD CERTIF	ICATE OF DEA	TH State F	Tile No
a. COUNTY  B. CITY (II counties corpured linds, write RURAL and drive township)  C. LENGTH OF TOWN FAYETTE  G. MISSOURI C. CITY (II counties corpured linds, write RURAL and drive township)  FAY the table pales  G. KINTSI  G. MISSOURI C. CITY (II counties corpured linds, write RURAL and drive township)  G. KINTSI  G. MISSOURI C. CITY (II counties corpured linds, write RURAL and drive township)  G. STAY (in chis plants)  G. STAY (in chis plants)  G. STAY (in chis plants)  G. STREET (II counties corpured linds, write RURAL and drive township)  G. STREET (II counties corpured linds)  G. STREET (II counties corpured lin counties corpured linds)  G. STREET (II counties corpured linds			DIST. NO	PRIMARY REG. DIST.	10. 30 24 Registe	var's No. 38
b. CITY (If conside corporate limits, write RURAL and gives towards)  10	· COUNTY	_ •		a. STATE	b. COUN	TY adminion
NAME OF DECCASED AT LOUISANA St.    DECCASED   A. (First)   B. (Middle)   C. (Last)   DETT   ADDRESS   COLOR OR RACE   COLOR O	OR TOWN	· 1	township) STAY (in this place)	OR	porate ilmite, write RURAL and	give township) 51
3. NAME OF DECEASED A. (First)  DECEASED  ACCIDENT BRITCH  S. SEX  OR COLOR OR RACE  COLOR OR RACE  COLOR OR RACE  COLOR OR RACE  OB. USUAL OCCUPATION (Give kind of week done driven done driving most of working tile, went if retired)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven done driving most of working tile, went if retired)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven done driving most of working tile, went if retired)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven done driving most of working tile, went if retired)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven)  DECEASED  OB. USUAL OCCUPATION (Give kind of week done driven)  DECEASED  OB. LAUS OF BUSINESS OR IN II. BIRTHPLACE (finate or foreign segments)  Farming  II. BIRTHPLACE (finate or foreign segments)  HOWARD G. COUNTY  HOWARD COUNTY  HOWARD COUNTY  II. BIRTHPLACE (finate or foreign segments)  HOWARD COUNTY  HOWARD COUNTY  II. BIRTHPLACE (finate or foreign segments)  HOWARD COUNTY  III. BIRTHPLACE (finate or foreign segments)  III. BIRTHPLACE (fina	HUSPITAL UK			ADDRESS	•	. <i>U</i>
SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, MALE   COLOR OR RACE   7. MARRIED, NEVER MARRIED, MALE   S. Z5/1970   S. ASE Caryesin y meets   Farm   S. Z5/1970						
5. SEX Male Color or Race Color or Race Colored Colore		thur		Barnett	OF .	
doad during most of working Elle, even if retired)  Laborer  Farming  13b. Mother's Maiden Name  Lewis C. Barnett  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. R. WAS DECEASED EVER IN U. S. ARMED FORCES?  I. DISEASE OR CONDITION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  ANTICEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTICEDENT CAUSES  Morbid conditions, if any, giving DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  DUE. TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DUE. TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DUE. TO (c)  III. OTHER SIGNIFICANT CONDITIONS  AND DUE. TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distance or condition contributing to the death but not related to the distance or condition contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the distance or conditions or contributing to the death but not related to the dista		or or race 7. MAR	RIED, NEVER MARRIED, OWED, DIVORCED (Spedity)		] last birthday)	IF THOSE I YEAR   IF THOSE M KILL
Lewis C. Barnett Elizabeth Walker Roberta Jackman  5. WAS DECEASED EVER IN U.S. ARMED FORCES? NO. NO. Bessie Miller Fayette, Missour Read of Control of Co	done during most of working life,	ive kind of work , even if retired)	DUSTRY	ŀ		12. CITIZEN OF WHA
5. WAS DECEASED EVER IN U. S. ARMED FORCES? NO. 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDR NO. 18. CAUSE OF DEATH interior on concensus per interior (a), (b), and (c)  *This does not mean it means the district only one cause (a) stating—  it. It means the district only one cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. It means the district of the does cause (a) stating—  it. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not railed to the distract or condition coursing death.  9a: DATE OF OPERA—  TION  19b. MAJOR FINDINGS OF OPERATION  1a. ACCIDENT  SUICIDE—  HOMICIDE  1d. TIME (Month) (Day) (Year) (Elour)  21c. INJURY OCCURRED  WORK  21c. INJURY OCCURRED  WORK  AT WORK  21c. INJURY OCCURRED  WORK  AT WORK  21c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25d. AUPTAL. CREMA—  10N REMOVAL Speeds;  BUT 31. CREMA—  10N REMOVAL Speeds;  12d. DATE  12d. LOCATION (City, town, or county)	•		13b. MOTHER'S MAIDEN			
No.   Country						
Enter only one cause per line for (a), (b), and (c)  "This does not mean he mode of dying, such use least flat one short fature, athenia, it. It means the discase of contributing to the death but not related to the disease or conditions of the death but not related to the disease or conditions of the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or condition counting death.  9a. DATE OF OPERATION  110. MAJOR FINDINGS OF OPERATION  121. ACCIDENT (Bpecity)  210. PLACE OF INJURY (a.g., its or about home, farm, factory, street, office bidg., sec.)  121. HOMICIDE  122. I hereby certify that I attended the deceased from Divide a November of the death occurred at Divide a November of the date stated above.  22. I hereby certify that I attended the deceased from Divide of the death occurred at Divide of the date stated above.  23a. SIGNATURE  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county) (SETATE ON REMOVAL Beachty)  4/21/51  Hill dale Cemetery  Hill dale  MO.	Yes, no or unknown) (If yes, si	ive war or dates of service)	NO			
Morbid conditions, if any, giving DUE TO (b) While Drostell (Obstruction of Struction of Structi	Enter only one cause per [ I. Di	DISEASE OR CONDITION RECTLY LEADING TO DI	MEDICAL C			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Par DATE OF OPERATION    19b. MAJOR FINDINGS OF OPERATION   20. AUTOPS: YES   1.	I his above his mean he mode of dying, such is heart failure, asthenia, it. It means the discase, injury, or compileation which caused death.	orbid conditions, if any, is to the above cause (a) si underlying cause last.  OTHER SIGNIFICANT Conditions contributing to the	DUE TO (c) ONDITIONS	onic proste	Tic obstruct	on Syrans
18. ACCIDENT (Specify) SUICIDE (Bookly) SUICIDE (Month) (Day) (Year) (Hour) 10. TIME (Month) (Day) (Year) (Hour) INJURY  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE Discrete blooms, farm, factory, street, office bldg., sto.) WHILE AT NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?  22f. ANDRESS  22f. ANDRESS  23c. DATE SIGNATURE  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY COUNTY) (STATE OCCURS)  24d. LOCATION (City, town, or county) (State Occurs)	9a. DATE OF OPERA- 1 19b.		<del></del>		610	20. AUTOPSY7
WHILE AT WORK  2. I hereby certify that I attended the deceased from Decl., 1950, to April 17, 1951, that I last saw the deceased not be deceased from Decl., 1950, to April 17, 1951, that I last saw the decease of the deceased from Decl., 1950, that I last saw the decease of the decease and on the date stated above.  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OF CREMATORY  24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  Burial A  4/21/51  Hilldale Cemetery  Hilldale  Mo.	ia. ACCIDENT (Special SUICIDE HOMICIDE	ify) 21b, PLACI home, farm.	EOF INJURY (e.g., in or about factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR 1	rownship) , (COU	
alive on Apr.   77, 1951, and that death occurred at 5:3 Am., from the causes and on the date stated above.  23c. DATE SI  24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county)   (Burial K)   4/21/51   Hilldale Cemetery   Hilldale Mo.	Id. TIME (Month) (Da. OF INJURY		WHILEATITE NOT WHILE TO	21f. HOW DID INJURY	OCCUR?	
23c. DATE SIGNATURE  (Degree or title)  (Degree or title)  (Approximation of the property of t		I attended the decea	ised from Tone /			
Burial A   4/21/51   Hillidate Cemetery   Hillidate Mo.	30. SIGNATURE	00 de	(Degree or title)		, no	23c. DATE SIGNED 4-20-57
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	4a. BURTAL, CREMA- 24 TON REMOVAL (Breeds) Burial K 4		4			
4-20.57 Mary / Shello Kaleh a Care Favette Mo.	ATE REC'D BY LOCAL RE	EGISTBAR'S SIGNATUR	E1/ 0436	25. FUNERAL DI RECT	OR'S SIGNATURE	ADDRESS

## RECEIVED 4-24-51 DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4 - 24 - 51

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.

Licensed Embalmer No. 3346 - 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.