

FILED JUN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20964

0812

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 2053 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>115 So. Spilman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) <u>MAXINE</u> c. (Last) <u>BARNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 26, 1943</u>
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Elmer Barnett</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie Jones</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Barnett</u> ADDRESS <u>Rolla, Mo.</u>			
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) <u>Pulmonary infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured spleen</u> DUE TO (c) <u>Trauma to spleen</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9020 21</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>36 hours</u> <u>36 hours</u>			
19a. DATE OF OPERATION <u>20 June 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured spleen & hemorrhage</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 28 1951 9:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Jumped on bed landing over foot & head</u>			
22. I hereby certify that I attended the deceased from <u>18 June, 1951</u> , to <u>20 June, 1951</u> , that I last saw the deceased alive on <u>20 June, 1951</u> , and that death occurred at <u>11:12 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. V. Everest M.D.</u> (Degree or title)		23b. ADDRESS <u>Rolla, Mo.</u>	
23c. DATE SIGNED <u>22 June 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stollo</u> ADDRESS <u>380</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

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.

Signed _____ *Paul E. Null*

Signed.....
Student Embalmer

Licensed Embalmer No. *4498*

P. O. Address _____ *Rolla, 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.