

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15531**

0050
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5045 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wheaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wheaton 0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At own Home</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile South of Wheaton Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>W</u>	
c. (Last) <u>Barnett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/15 1876</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Hill</u>	13b. MOTHER'S MAIDEN NAME <u>?</u>	14. NAME OF HUSBAND OR WIFE <u>Dallas Barnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D.E. Barnett, Wheaton Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial decompensation</u> DUE TO (c) <u>Cerebral thrombosis & left</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>spastic paralysis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>352X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 20th</u> , 1952, to <u>May 28th</u> , 1952, that I last saw the deceased alive on <u>May 27</u> , 1952, and that death occurred at <u>10:00 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Fred R. Clark D.O.</u>		23b. ADDRESS <u>Wheaton Missouri</u>	23c. DATE SIGNED <u>5/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/30/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort MO.</u>
DATE REC'D BY LOCAL REG. <u>6-2-1952</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	10-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Marshall, Wheaton 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton Missouri

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.