

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31407

S. No. 300
v. 10.48

State File No.

LED OCT 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4097

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 65 years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1327 Bellefontaine | | d. STREET ADDRESS (If rural, give location) 1327 Bellefontaine | |

3248
3240

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Lee c. (Last) Barnett | | | 4. DATE OF DEATH (Month) (Day) (Year) 9 12 52 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Aug. 19, 1878 | | 9. AGE (in years last birthday) 74 | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | | 11. BIRTHPLACE (City and State or Foreign Country) Buckner, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Edmond Robert Lee | | 13b. MOTHER'S MAIDEN NAME Elira McMillan | | 14. NAME OF HUSBAND OR WIFE Henry E. Barnett | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Henry E. Barnett ADDRESS 1327 Bellefontaine | |

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|---|--|--|--|--|--|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Decompensation DUE TO (c) Arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 4221 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|--|---|--|
| 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) | | 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 _____, 1942, to 9-12, 1952, that I last saw the deceased alive on 9-12, 1952, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

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|---|--|----------------------------------|--|---|--|
| 23a. SIGNATURE E. D. Reese (Degree or title) | | 23b. ADDRESS DO-3309 E 12 | | 23c. DATE SIGNED 9-15-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-15-52 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 9-17-52 | | REGISTRAR'S SIGNATURE Deraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Bylar ADDRESS Kansas City, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Licensed Embalmer No. _____

P. O. Address _____

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: