THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1953

State File No. 100

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rual, Saltriver
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neill Rest Haven

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
d. STREET ADDRESS (If rural, give location): 308 N. Western Ave.

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) c. (Last) BARNETT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 12, 1863

9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Mexico, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas M. Barnett

13b. MOTHER'S MAIDEN NAME: Susan Green

14. NAME OF HUSBAND OR WIFE:

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 ADDRESS: Earnest Barnett, Mexico, 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) Coroner's investigation with out survey.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) The deceased died suddenly with out

DUE TO (c) Medical attendan history show she

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* suffred from Arteriosclerosis. Death was probably caused from a circulatory condition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: No evidence of Violence or Poison or foul play

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): heart condition

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rest Haven

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salt River Township Audrain Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: None

4500

22. I hereby certify that I attended the deceased from Unattended to by a physician that I last saw the deceased alive on January 10, 1953, and that death occurred at 6:3 P m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Adams M.D. (Degree or title) Coroner

23b. ADDRESS: Mexico Mo.

23c. DATE SIGNED: 1-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 12, 53

24c. NAME OF CEMETERY OR CREMATORY: Elmwood

24d. LOCATION (City, town, or county) (State): Mexico, Mo.

DATE REC'D BY LOCAL REG.: Jan 12-1953

REGISTRAR'S SIGNATURE: Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl T. Ewalt, Mexico, Mo.

(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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico 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.