

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16898**

FILED MAY 11 1953		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6281		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VAN BUREN twp				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VAN BUREN twp. 1140			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles North of Dawson				d. STREET ADDRESS (If rural, give location) 3 miles North Dawson, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) ELIZABETH		c. (Last) BARNETT	
4. DATE OF DEATH		(Month) April		(Day) 20		(Year) 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 7, 1876	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (City and State or Foreign Country) Wright County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J.W. Housley		13b. MOTHER'S MAIDEN NAME Rebecca Butcher		14. NAME OF HUSBAND OR WIFE John A. Barnett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Ray Barnett, Norwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) m.		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 April 20, 1953 to April 20, 1953 , that I last saw the deceased alive on April 20, 1953 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Richard G. Mitchell M.D.				23b. ADDRESS 17th Grove, Mo.		23c. DATE SIGNED April 27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 23-53		24c. NAME OF CEMETERY OR CREMATORY MIN Valley		24d. LOCATION (City, town, or county) (State) MIN GROVE, MO	
DATE REC'D BY LOCAL REG. 4-29-53		REGISTRAR'S SIGNATURE E. J. Garner		25. FUNERAL DIRECTOR'S SIGNATURE Harold Parker ADDRESS MIN GROVE			

(Licensed Embalmer's Statement on Reverse Side)

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

CO. HEALTH DEPT.
County File Number 553-62
Date Filed 5-9-53

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

Rev. Barker

Licensed Embalmer No. _____

3848

P. O. Address _____

Wm. Moore

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.