

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32858

FILED SEP 24 1953

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8668

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Batesville</u>		<u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1089 East Main</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>W</u>		c. (Last) <u>Barnett</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>Sept.</u>		<u>6</u>		<u>1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>10-10-92</u>	
9. AGE (In years last birth-day) <u>60</u>		10. UNDER 1 YEAR Months		11. UNDER 2 MRS. Days		12. UNDER 2 MRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Batesville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>	
13a. FATHER'S NAME <u>Ira Nelson Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Lockie Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Maymie Barnett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maymie Barnett Batesville, Ark.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism of arteries of brain</u> ANTECEDENT CAUSES DUE TO (b) <u>Auricular Fibrillation</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>16 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>433.1</u>		(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>9-3</u> , 19 <u>53</u> , to <u>9-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>53</u> and that death occurred at <u>12:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harvey R. Bencil, M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>9/6/53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Batesville</u>		24d. LOCATION (City, town, or county) (State) <u>Batesville, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 8 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS	

(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 C. H. Murray

Licensed Embalmer No. 1011

P. O. Address St. Louis, 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.