

No. 300
10. 48

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42490

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5466 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbyrd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbyrd</u>	
c. LENGTH OF STAY (in this place) <u>35 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Arbyrd, Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arbyrd Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Kerr</u> c. (Last) <u>Barnett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 12 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 9, 1873</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Rocket Co, Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u></u>			
13a. FATHER'S NAME <u>William Turpin</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wright</u>	14. NAME OF HUSBAND OR WIFE <u>W. S. Barnett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. E. Kerr More Home Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
22. I hereby certify that I attended the deceased from <u>12-11</u> , 19 <u>53</u> , to <u>12-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>53</u> , and that death occurred at <u>5:40 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Kerr MD</u>		23b. ADDRESS <u>Cardwell, Mo</u>	23c. DATE SIGNED <u>12-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Mo. CREW</u>	24d. LOCATION (City, town, or county) (State) <u>Near Arbyrd, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-21-53</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Baird</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel James Jones</u>	ADDRESS <u>Arbyrd, Mo.</u>

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-8-54

COUNTY FILE NUMBER 154-17

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

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....
Student Embalmer

Signed *Tom J. Emmer*

Licensed Embalmer No. 895 Ark

P. O. Address *Jonesboro, Ark.*

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.