No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43563

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: MC DONALD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NOEL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FOUNTAIN CLINIC - HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ARKANSAS b. COUNTY: BENTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAYSVILLE 8030 8
d. STREET ADDRESS (If rural, give location): R.R. I

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

4. DATE OF DEATH (Month) (Day) (Year): NOV 13 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCE D 3
8. DATE OF BIRTH: MAY 4, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 5, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): MCDONALD CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN W. BARNETT
13b. MOTHER'S MAIDEN NAME: LOU PIERCE
14. NAME OF HUSBAND OR WIFE: IRENE BARNETT (DIV)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: S.D. FOUNTAIN ADDRESS: NOEL, 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): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): METASTATIC CA of LUNGS & LIVER — 18 mo.
DUE TO (c): PRIMARY CA HEAD OF PANCREAS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 157X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/10, 1953, *to* 11/13, 1953, *that I last saw the deceased alive on* 11/13, 1953, *and that death occurred at* 4:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Stiles D.O. 2
23b. ADDRESS: NOEL MO.
23c. DATE SIGNED: 11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: NOV 16
24c. NAME OF CEMETERY OR CREMATORY: GEORGIA CEMETERY
24d. LOCATION (City, town, or county) (State): 2 Mi WEST of GRAVETTE

DATE REC'D BY LOCAL REG.: 12-31-53
REGISTRAR'S SIGNATURE: Mayme Humphrey 42 B
25. FUNERAL DIRECTOR'S SIGNATURE: Callison McKinney Fh. ADDRESS: Gravette ARK

(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 WAS REMOVED TO GRAVETTE ARK AND EMBALMED, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James L Foster

Licensed Embalmer No. 943 - ARK

P. O. Address GRAVETTE, 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.