

FILED JUN 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Howell Twp.</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R Howell Township</u>		d. STREET ADDRESS (If rural, give location) <u>West Plains, Mo. R-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>							
3. NAME OF DECEASED (Type or Print) <u>JOSEPH FRANK BARNETT</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>MAY 14, 1954</u>		(Month)		(Day)		(Year)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 10, 1899</u>	
9. AGE (In years last birthday) <u>55</u>		If UNDER 1 YEAR Months Days		If UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Howell Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jackson Henry Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Drennon Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Marg. Belle Crabtree</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-01-5785</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Barnett, W. Plains, Mo.</u> ADDRESS <u>Leighton Route.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>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>HYPERTENSION, ESSENTIAL</u> DUE TO (c) <u>PREVIOUS CVA & HEMIPLEGIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 HOURS</u> <u>YEARS</u> <u>6 MONTHS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) _____ (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>7-6</u> , 19 <u>52</u> , to <u>5-14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-13</u> , 19 <u>54</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack D. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>5-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Howell Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Young</u> ADDRESS <u>W. Plains, Mo.</u>			

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.