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

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22536

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54-52

1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield Mo</u> c. LENGTH OF STAY (in this place) yrs d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gamble Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> c. CITY OR TOWN <u>Greenfield Mo</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ STREET ADDRESS (If rural, give location) <u>Maple st 0290</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Naney</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Barnett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 16, 1872</u>
9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>4</u> IF UNDER 24 HRS: Hours <u>4</u> Min. <u>0</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co Mo.</u>		12. NAME OF HUSBAND OR WIFE <u>Wilson W Barnett</u>	
13a. FATHER'S NAME <u>Lyman Bright</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Seybert</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 <u>I. Lyman Barnett</u>		17. ADDRESS <u>springfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>4291</u>			
19a. DATE OF OPERATION 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) (Min) 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 <u>5-1</u> , 19 <u>54</u> , to <u>7-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>54</u> , and that death occurred at <u>9:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Sh. O. Cowan M.D.</u>		23b. ADDRESS <u>Greenfield Mo</u>	
23c. DATE SIGNED <u>7-22-54</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	
24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allison Funeral Home</u>	
25. ADDRESS <u>Greenfield Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-24-54</u>	
REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		473	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *W. R. Allison*.....

Licensed Embalmer No. *441*

P. O. Address *Greenville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.