

27924

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10-48

FILED AUG 17 1954

BIRTH NO. _____		REG. DIST. NO. <u>15th</u> PRIMARY REG. DIST. NO. <u>2001</u> Registrar's No. <u>3811</u>	
1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) YEARS		e. STREET ADDRESS (If rural, give location) 621 1/2 MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 621 1/2 MAIN ST.			
3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) VAUGHN c. (Last) BARNETT			4. DATE OF DEATH (Month) (Day) (Year) AUG. 7, 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH APR. 25, 1880
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (City and State or Foreign Country) NEWPORT, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME MARION BARNETT		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JETRUE SAWYERS, RT. 4, CARTHAGE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal influenza</u> ANTECEDENT CAUSES Morbid 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 482 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>7/24</u> , 1954, to <u>8/4</u> , 1954, that I last saw the deceased alive on <u>8/4</u> , 1954, and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Dr. John F. Morgan M.D.		22b. ADDRESS 213 Minnie Bldg.	22c. DATE SIGNED 8/10/54
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-10-54	23c. NAME OF CEMETERY OR CREMATORY STERLING CEMETERY, NEAR DUENWEG, MISSOURI	23d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 8-12-54	REGISTRAR'S SIGNATURE Ed S. Garner 1385 by Salata Demaris Sr.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 16 1954
Jasper County Health Office
County File Number 54-8-69
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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 *F. M. Jones*.....
Licensed Embalmer No. 231

P. O. Address *Joplin*

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.