

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25795

State File No.

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 766

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) LAKE SHORE DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) F.	b. (Middle) LYMAN	c. (Last) BARNETT	4. DATE OF DEATH (Month) (Day) (Year) AUG. 29 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 27 1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	10b. KIND OF BUSINESS OR INDUSTRY DENTIST	11. BIRTHPLACE (City and State or Foreign Country) DADE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILSON BARNETT	13b. MOTHER'S MAIDEN NAME JOSEPHINE BRITE	14. NAME OF HUSBAND OR WIFE VIVIAN S. BARNETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME VIVIAN BARNETT	ADDRESS SPRINGFIELD, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED SKULL, BROKEN NECK, & CRUSHED CHEST.		
	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.		E8124	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 25	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. # 166	21c. (CITY, TOWN, OR TOWNSHIP) S. Campbell (COUNTY) GREENE (STATE) MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG. 29 1955 7:40p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? STRUCK BY CAR WHILE CROSSING HIGHWAY
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased ~~DEAD~~ on **AUG 29**, 19**55**, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) CORONER	23b. ADDRESS GREENE COUNTY, SPRINGFIELD, MO.	23c. DATE SIGNED 8/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/31/55	24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 8-31-55	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. SIGNATURE OF EMBALMER'S SIGNATURE <i>[Signature]</i>	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 13 1951

OCT 4 1955

JUN 28 1958

FEB 16 1961

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 *R. H. McCann*

Licensed Embalmer No. 27

P. O. Address *Springfield*

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.