

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29444

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>817</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HANDLEY MEMORIAL HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>719 South 3rd Avenue</u> 0396			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>BARNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1955</u>				
5. SEX <u>Male</u>		16. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 31, 1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Barnett</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hargis</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Barnett</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bonnell Peck 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of face</u>					INTERVAL BETWEEN ONSET OF DEATH <u>78hr</u> <u>1 yr</u> <u>48hr</u> <u>2 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>43414</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>9-10</u> , 19 <u>55</u> , to <u>Sept 13, 1955</u> , that I last saw the deceased alive on <u>Sept 13, 1955</u> and that death occurred at <u>9:55a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl W. Russell, D.O.</u>			23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>9/14/1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-55</u>	24c. NAME OF GEMETERY OR CREMATORY <u>Fordland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fordland, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-15-55</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Pepp Springfield, Mo.</u>			

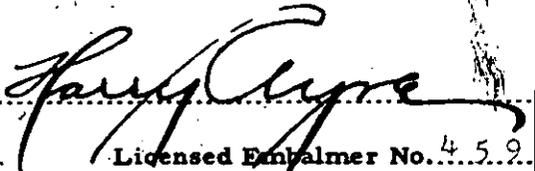
(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
WRITE PLAINLY—USING UNFADING INK—REQUIRE 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.....
Signature of Student Embalmer

Signed  Licensed Embalmer No. 459.

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.