

STANDARD CERTIFICATE OF DEATH

State File No. **5475**

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5636** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon Washington TB 4 Yrs.		c. CITY OR TOWN Rural	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 Plato Star Rt. Lebanon		e. STREET ADDRESS (If rural, give location) Plato Star Rt. Lebanon	
3. NAME OF DECEASED (Type or Print) a. (First) Robbey b. (Middle) J. c. (Last) Barnett		4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 28, 1881
9. AGE (In years less birthday) 74		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Alton Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert. Barnett		13b. MOTHER'S MAIDEN NAME Tessie Huston	
14. NAME OF HUSBAND OR WIFE Dora Barnett			
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. None.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Barnett		ADDRESS Plato Star Rt.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Instantaneous 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		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) 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 9-2-1954 , to 3-4-1956 , that I last saw the deceased alive on 12-2-1955 , and that death occurred at 3:30P m., from the causes and on the date stated above.			
23a. SIGNATURE B. B. Hurst, M.D.		23b. ADDRESS Lebanon, Mo.	
23c. DATE SIGNED 3-4-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/4/56	
24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Laclede County Missouri	
DATE REC'D BY LOCAL REG. 3-4-1956		REGISTRAR'S SIGNATURE Stella L. Gray	
424		25. FUNERAL DIRECTOR'S SIGNATURE S. P. Palmer	
ADDRESS Lebanon Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 3-12-56

Laclede County Health Unit

File No. 31

Date Filed 3-12-56

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 S. R. Palmer

Licensed Embalmer No. 22

P. O. Address Lebanon

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.