

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14445

State File No.

FILED APR 30 1956

318

REG. DIST. NO.

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3801

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3801			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2745a. Delmar		2219			
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) _____			c. (Last) Barnett			
4. DATE OF DEATH (Month) (Day) (Year) 4 14 56		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-16-1899	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Ark. Devalls Bluff,			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab.			10b. KIND OF BUSINESS OR INDUSTRY Statler Hotel			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Ed. Barnett			13b. MOTHER'S MAIDEN NAME Julie Barnett			14. NAME OF HUSBAND OR WIFE Gladyes Harris Barnett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. World War #1 486-18-9935			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jean Thurman 5063 Kensington			
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) Carcinoma of rectum.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
				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. Arteriosclerotic Heart Disease.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154x						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) 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 4-8- 1956 , to 4-14- 1956 , that I last saw the deceased alive on 4-14- 1956 , and that death occurred at 3:25a m., from the causes and on the date stated above.									
23a. SIGNATURE E.B. Williams (Degree or title) C.				23b. ADDRESS 2601 N. Whittier Street			23c. DATE SIGNED 4-14-56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-18-56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) Jefferson Barracks Mo			
DATE REC'D BY LOCAL REG. APR 17 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. MCCLENDON 4535 WASHINGTON AVE				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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..... *John K Cunningham*
Licensed Embalmer No. *447*

P. O. Address *2405 9th*

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.