

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16887

State File No. ....

FILED JUN 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Laclede.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lebanon, Missouri</u> )		c. CITY OR TOWN <u>Waynesville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>9 days</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>Wallace Hospital....</u>		f. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 1. 0850</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>Robert.</u>	c. (Last) <u>Barnett.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 4 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Aug. 29, 1911.</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Mo Pulaski Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Preston Barnett.</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda McCoy.</u>	14. NAME OF HUSBAND OR WIFE <u>Dixie Bushnel.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY No. <u>498-051-752</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Hutton</u>	ADDRESS <u>Richland, Missouri</u>
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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, asthma, 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) <u>Intracranial hemorrhage</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u>		<u>Unknown</u>
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/27, 1956 to 6/4, 1956, that I last saw the deceased alive on 6/3, 1956, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>6-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richland, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-5-1956</u>	REGISTRAR'S SIGNATURE <u>Wella L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Richland, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 13 1956

Received 6-11-56  
Laclede County Health Unit  
File No. 106  
Date Filed 6-11-56

**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 Clarence E. Moss

Licensed Embalmer No. 48

P. O. Address Waynesville

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.