

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22634**

BIRTH NO. _____		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 4553		Registrar's No. 159	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mansfield, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Mtn Grove		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mansfield Hospital				e. STREET ADDRESS (If rural, give location) Rt. #2			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret Ruth b. (Middle) Barnett c. (Last) Barnett				4. DATE OF DEATH (Month) (Day) (Year) June 24 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH June 7, 1898	
9. AGE (in years last birthday) 58		10. IF UNDER 1 YEAR Days 0		11. IF UNDER 1 YEAR Hours 17		12. IF UNDER 1 YEAR Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZENRY OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter B. Langlands		13b. MOTHER'S MAIDEN NAME Emma Reed		14. NAME OF HUSBAND OR WIFE Lyle D. Barnett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lyle D. Barnett Mtn Grove, Mo.			
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) Sepsis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Adeno-Carcinoma of The sigmoid Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 22-Mo.				INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION 6-19-56		19b. MAJOR FINDINGS OF OPERATION Adeno-Carcinoma of sigmoid grade III, 9-7-54				20. AUTOPSY? YES ☐ NO ☒	
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) 153X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1953 , to June 24, 1956 , that I last saw the deceased alive on June 24, 1956 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Richard B. Mitchell		(Degree or title)		23b. ADDRESS 1015 S. 1st St. Mtn Grove, Mo.		23c. DATE SIGNED 6-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-24-56		24c. NAME OF CEMETERY OR CREMATORY Acasia		24d. LOCATION (City, town, or county) (State) Chicago, Illinois	
DATE REC'D BY LOCAL REG. 6-24-56		REGISTRAR'S SIGNATURE Ann Perkins		25. FUNERAL DIRECTOR'S SIGNATURE Shabb-Windle Mtn Grove Mo.		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JUN 26 1958
WRIGHT CO. HEALTH DEPT.
County File Number 6-56-64
Date Filed June 20, 1958

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1958

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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 Frank Noble

Licensed Embalmer No. 448

P. O. Address Smith Bros

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.