

FILED AUG 21 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 26651

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>			
b. CITY OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1 hr</u>		c. CITY OR TOWN <u>Trenton</u>		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 <u>Cullers Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 2 0400</u>			
3. NAME OF DECEASED a. (First) <u>ORA</u> b. (Middle) <u>ELKISON</u> c. (Last) <u>BARNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-1956</u>				
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-20-1888</u>	
9. AGE (in years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Boon Co ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shaney</u>		14. NAME OF HUSBAND OR WIFE <u>Worthy Barnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>493-38-9337</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Worthy Barnett</u> ADDRESS <u>Trenton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Fibrinogeneration</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>aged 68</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>410X</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>July 28, 1956</u> to _____, 19____, that I last saw the deceased alive on <u>July 28, 1956</u> , and that death occurred at <u>4:18A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Trenton mo</u>		23c. DATE SIGNED <u>7/30/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Larside mo</u>		
DATE REC'D BY LOCAL REG. <u>8-21-56</u>		REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DK Payne</u> ADDRESS <u>Tom Galt mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1958

---

---

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.....  
*P. K. Payne Jr.*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.