

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37805

State File No.

FILED DEC 11 1956

BIRTH NO.		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY <u>Newell</u> b. CITY OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>26 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u> c. CITY OR TOWN <u>West Plains</u> d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>8</u> e. STREET ADDRESS <u>Rte 3</u> (If rural, give location) <u>2400</u>			
3. NAME OF DECEASED a. (First) <u>Geo. Curtis</u> b. (Middle) <u>Barnett</u> c. (Last) <u>Barnett</u>				4. DATE OF DEATH (Month) <u>11</u> (Day) <u>16</u> (Year) <u>56</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10-5-1930</u>	
9. AGE (In years, last birthday) <u>26</u>		10. AGE (In years, last birthday) <u>26</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>				13b. KIND OF BUSINESS OR INDUSTRY <u>Electroson</u>			
13a. FATHER'S NAME <u>J. D. Barnett</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Creston Barnett</u>			
14. NAME OF HUSBAND OR WIFE <u>Eileen Barnett</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes WW 2</u> (If yes, give year or date of service) <u>yes</u>			
16. SOCIAL SECURITY NO. <u>466</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Eileen Barnett, West Plains</u> ADDRESS <u>West Plains, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>due in contact with high voltage wire while making connections on high line</u> DUE TO <u>while working for city 29145</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>11-16-56</u>				19b. MAJOR FINDINGS OF OPERATION <u>West Plains Mo</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE. (Specify) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City of West Plains</u>				21c. CITY, TOWN, OR TOWNSHIP <u>West Plains Mo</u> (COUNTY) <u>Newell</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) <u>11</u> (Day) <u>16</u> (Year) <u>56</u> (Hour) <u>3 P</u> m.				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Electrocution</u>				22. I hereby certify that I attended the deceased from <u>about 19</u> No. <u>300</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-16-56</u> , and that death occurred at <u>3:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Beatrice Cook</u> (Degree or title) <u>Registrar</u>				23b. ADDRESS <u>West Plains Mo</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>11-19-56</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>				24d. LOCATION (City, town, or county) <u>West Plains Mo</u> (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-5-56</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Cook</u> ADDRESS <u>West Plains Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1930

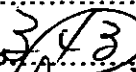

1930

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 

Licensed Embalmer No. 
P. O. Address 

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.