

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

St. Bryan 28472  
State File No. 419

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>419</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>				
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Baxter Spgs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>240 W 9 st</u> <span style="float: right;">815 8</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dee</u> b. (Middle) <u>Barnett</u> c. (Last) <u>Dee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-57</u>					
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>Oct 11 - 1886</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or (if retired)) <u>Retired mailman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Food + Gen mfg</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wichita, Kan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Dee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>515-09-6951</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ann Williams</u> ADDRESS <u>Baxter Spgs Kans</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>Cerebrovascular accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</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>1 day</u> <u>5 yrs</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>443x</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>7-19, 1956</u> to <u>8-25, 1957</u> , that I last saw the deceased alive on <u>8-23, 1957</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>St. Bryan M.D.</u>				23b. ADDRESS <u>Baxter Springs</u>		23c. DATE SIGNED <u>8-26-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs Kans</u>		
DATE REC'D BY LOCAL REG. <u>8/29/57</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Lorne Wene</u>		ADDRESS <u>Baxter Spgs</u>		

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

SEP 5 1957

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 Wene Funeral Home, Student Embalmer No. ~~XXXX~~ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James Wene

Licensed Embalmer No. 288

P. O. Address Bayter St

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.