

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31560

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 133

Primary Registration District No. 5483

Registrar's No. 56

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bethany		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 17 years	d. STREET ADDRESS Bethany Township		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMILY FRANKLIN BARNETT			4. DATE OF DEATH Month Day Year Sept. 24, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1867		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Denver, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Parker		13b. MOTHER'S MAIDEN NAME Elenora Poe	
14. NAME OF HUSBAND OR WIFE Shely Barnett		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Lloyd Shoemaker, Bethany, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Interstitial Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile Psychosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 54w. 18 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1945 to 9-24-57 and last saw her alive on 9-20-57 . Death occurred at 10:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.L. Green D.O. (Degree or title)		22b. ADDRESS New Hampton Mo		22c. DATE SIGNED 9-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/27/57		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetary	
23d. LOCATION (City, town, or county) Harrison County, Missouri		(State)			
24. FUNERAL DIRECTOR Clark L. Foutch, Bethany, Mo.		25. DATE RECD. BY LOCAL REG. 9-30-57		26. REGISTRAR'S SIGNATURE Bella Mayer	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Clark L. Foutch*

Licensed Embalmer No. *4831*

P. O. Address *Bethany, W.*

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.