

FILED OCT 8 1957

STANDARD CERTIFICATE OF DEATH

33015

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5992 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lincoln Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Unionville R. F. D. No. 4</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville RFD No. 4</u> Length of stay in 1b <u>Life Time</u>		d. STREET ADDRESS (If outside, give location) <u>Lincoln Township</u> Res. in form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charley Curtis Barnett</u>			4. DATE OF DEATH Month Day Year <u>September 23, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 13, 1891</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>65</u>
11. BIRTHPLACE (City and state or country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William Barnett</u>		14. MOTHER'S MAIDEN NAME <u>Martha Jane McHenry</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mrs. Maxine Matteo</u>		Address <u>3329 Parker Omaha, Neb.</u>	
18. CAUSE OF DEATH [Enter only one cause per type for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self-inflicted gun shot wound in head</u> DUE TO (b) <u>32 caliber rifle. Placed barrel in mouth &amp; fired</u> DUE TO (c) <u>bullet went into brain.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>976X</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 a. m. p. m. <u>9-23-57</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>10 miles N.E. Unionville</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>home</u> <u>9 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <u>Chas. L. Fudd</u>		22b. ADDRESS <u>Unionville, Missouri</u>	
22c. DATE SIGNED <u>9/26/57</u>		22d. SIGNATURE (Type or print) <u>Marcell Dushin</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/27/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mendota Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-57</u>	
ADDRESS <u>Unionville, Mo.</u>		26. REGISTRAR'S SIGNATURE	

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 *John W. Comstock*.....

Licensed Embalmer No. 38

P. O. Address *Thionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.