

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43202**

FILED DEC 3 1957

BIRTH NO. _____		REG. DIST. NO. <b>387</b>		PRIMARY REG. DIST. NO. <b>4488</b>		Registrar's No. <b>89</b>					
1. PLACE OF DEATH a. COUNTY <b>Shelby</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Shelby</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>		c. LENGTH OF STAY (In this place) <b>7 mo</b>		c. CITY OR TOWN <b>SHELBYNA Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res. of W. S. Greenfield</b>				e. STREET ADDRESS (If rural, give location) <b>1020</b>							
3. NAME OF DECEASED (Type or Print) <b>ALLIE BARNETT</b>			a. (First) <b>ALLIE</b>			b. (Middle) _____					
c. (Last) <b>BARNETT</b>			4. DATE OF DEATH <b>Nov 13, 1957</b>			5. SEX <b>F</b>					
6. COLOR OR RACE <b>W</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>			8. DATE OF BIRTH <b>7 July 1869</b>					
9. AGE (In years last birthday) <b>88</b>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY _____					
11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Anthony W. McKee</b>					
13b. MOTHER'S MAIDEN NAME <b>Ester Ann Williams</b>			14. NAME OF HUSBAND OR WIFE <b>John M. Barnett</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>					
16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. S. Greenfield</b>			ADDRESS <b>Shelbina</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branched Gasmeronia</b> INTERVAL BETWEEN ONSET AND DEATH <b>Nov 4 - 13</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Progressive ventricular hypertrophy</b> <b>do not know</b> DUE TO (c) <b>Myocardial infarction</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition &amp; Senility</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____					
21c. (CITY, TOWN, OR TOWNSHIP) _____		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 <b>Oct 24, 1957</b> , to <b>Nov 13, 1957</b> , that I last saw the deceased alive on <b>Nov 12, 1957</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Gladys Baines</b>				23b. ADDRESS <b>Shelbina Mo</b>		23c. DATE SIGNED <b>Nov 18, 1957</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>15 Nov '57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cherry Box Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shelby County, Mo</b>					
DATE REC'D BY LOCAL REG. <b>7-20-57</b>		REGISTRAR'S SIGNATURE <b>A. A. Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. A. Garrison</b>		ADDRESS <b>Edina, Mo</b>					

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

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FEB 18 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 A. S. Grimmer, Student Embalmer No. 544 working under my personal supervision..

Student A. S. Grimmer  
Signature of Student Embalmer

Signed Mrs. J. W. Hudson  
Licensed Embalmer No. 297

P. O. Address Edina, Minn.

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.