

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47106  
STATE FILE NUMBER

Registration District No. 369

Primary Registration District No. 4539

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Williamsville</b>		c. CITY (If outside, give location) OR TOWN <b>Williamsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Andrew Jackson Barnett</b>		4. DATE OF DEATH Month Day Year <b>Nov. 24 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22-1892</b>
9. AGE (In years last birthday) <b>65</b>		10. FUNDING YEAR Months Days Hours Min. <b>4 2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	
11. BIRTHPLACE (City and state or country) <b>Grandin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin Franklin Barnett</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Richmond</b>	
14. NAME OF HUSBAND OR WIFE <b>Irene Barnett</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	
16. SOCIAL SECURITY NO. <b>496-01-7995</b>		17. INFORMANT <b>Mrs Irene Barnett Poplar Bluffs</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>10:15 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Marion E. Bowles, Coroner</b>	
22b. ADDRESS <b>Piedmont, Mo.</b>		22c. DATE SIGNED <b>11-30-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh</b>	23d. LOCATION (City, town, or county) (State) <b>Grandin Mo.</b>
24. FUNERAL DIRECTOR <b>William E. Coder</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 11-1957</b>	
26. REGISTRAR'S SIGNATURE <b>Hazel Ward</b>			

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
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

WAYNE CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

DEC 18 1957

JAN 7 1958  
DEC 31 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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed William Coder

Licensed Embalmer No. 3753

P. O. Address Piedmont

---- 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.