

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032214

STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Deer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Balern Mo</u>		c. CITY OR TOWN <u>Montier Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>May Nursing Home</u>		d. STREET ADDRESS <u>Rural</u>	
3. NAME OF DECEASED (Type or print) <u>William Lee Barnts</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>16</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Jan 17-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bedar Co Neb</u>	
12a. FATHER'S NAME <u>Levi Barnts</u>		12b. MOTHER'S MAIDEN NAME <u>Mary Witham</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>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>493 X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension - Cordis - vascular disease</u>		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 <u>1:06 P</u> Month, Day, Year <u>Sept 16 '58</u>			
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.)	
21. I attended the deceased from <u>June 1957</u> to <u>Sept 16 '58</u> and last saw her alive on <u>Sept 16 '58</u> Death occurred at <u>1:06 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deedee or title) <u>Joseph R Burnett DO</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Sept 18-58</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Montier Ceme</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Wth. View, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9/22/58</u>	
26. REGISTRAR'S SIGNATURE <u>M. M. Neal, M. D. by P. M.</u>		27. DATE SIGNED <u>Sept 20 '58</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Max L. Crawford

Licensed Embalmer No. 4170
P. O. Address Halem, Mo.

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.