

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-004378
State File No.

FILED MAR 13 1959

BIRTH NO.		REG. DIST. NO. <u>10</u>	PRIMARY REG. DIST. NO. <u>3002</u>	Registrar's No. <u>57</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Mexico</u>		c. LENGTH OF STAY (In this place) <u>62 yrs</u>	c. CITY OR TOWN <u>Mexico 6040</u>	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 <u>Audrain Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.#1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>BARNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 31, 1896</u>	9. AGE (In years last birthday) <u>62</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beer Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>J.W. Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Adelia Arnett</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Barnett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, at _____ (unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY <u>491-05-7290</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jesse L. Barnett, Mexico, Mo</u>
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) <u>MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 HRS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9 days post op following BOWEL ADHESIONS</u>		
19a. DATE OF OPERATION <u>2-21-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bowel obstruction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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 <u>1956</u> , to <u>Mar 2</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3-2-</u> , 19 <u>59</u> , and that death occurred at <u>6:15 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Edward Davis, MD</u>		23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>3-2-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 5, 59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 4-1959</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard H. Houston, Mexico, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

2000

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.