

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009916
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 52

300
-57

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1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Mineral TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eimhurst Rest Home		Length of stay in lb 3 wks.	d. STREET ADDRESS (If outside, give location) 737 Oakridge Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST RUTH MARGARET BARNETT			4. DATE OF DEATH April 1, 1959			
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and state or country) Newton County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel D. Barnett		13b. MOTHER'S MAIDEN NAME Lydia McBride		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 497-12-1010	17. INFORMANT Anna Margaret Strecker, Neosho Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Coronary occlusion DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 6 hrs.	
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 Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 4-1-59 to 4-1-59 and last saw her alive on 4-1-59 Death occurred at 5 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Anna Margaret Strecker</i>			22b. ADDRESS <i>Neosho Mo</i>		22c. DATE SIGNED 4-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-1959	23c. NAME OF CEMETERY OR CREMATORY I.C.C.F.		23d. LOCATION (City, town, or county) (State) Neosho Newton Missouri		
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		

MEDICAL CERTIFICATION
FERRISON-MUSE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
R. V.

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 *Blyde M. Danner*

Licensed Embalmer No. *5065*
P. O. Address *Newark, 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.