

Health,
& Welfare
Public
Service

XC-1191255

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016903

STATE FILE NUMBER

REG. # A708

FILED MAY 25 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 239

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI MISSOURI Arkansas b. COUNTY RIPLEY RIPLEY Lanone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Raymond - DONIPHAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 0910 Route # 1 ROUTE 2	

3. NAME OF DECEASED (Type or print) First Edward Middle Allen Last Barnett			4. DATE OF DEATH Month May Day 9 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/30/1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Grandin, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Benjamin Barnett	13b. MOTHER'S MAIDEN NAME Nancy Richmond	14. NAME OF HUSBAND OR WIFE Widowed
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. 325-24-3566	17. INFORMANT Address VA Hospital Records, Poplar Bluff, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIFFUSE CEREBRAL HEMORRHAGE.		INTERVAL BETWEEN ONSET AND DEATH 36 Hours
DUE TO (b) DECOMPENSATED LAENNEC'S CIRRHOSIS OF THE LIVER.		
DUE TO (c) At least 2 years.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. ARTERIOSCLEROTIC HEART DISEASE. 2. ALCOHOLISM, CHRONIC. 5811		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <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
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21. Attended the deceased from MAY 8, 1959 to MAY 9, 1959 and last saw him alive Death occurred at 5:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Robert S. Cohen (Degree or title) ROBERT S. COHEN, M.D., Chief, Med. Svc.	22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 5/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 11, 1959	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE Cemetery	23d. LOCATION (City, town, or county) (State) Ripley County, Mo.
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24. FUNERAL DIRECTOR Edwards Funeral Home	ADDRESS Doniphan, Missouri	DATE RECD. BY LOCAL REG. 5/16/59	26. REGISTRAR'S SIGNATURE R. Munter
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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

