

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020748

FILED JUL 8 1959

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>C. Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lathrop</u>			Length of stay in 1b		c. CITY OR TOWN <u>Lathrop</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home - Lathrop</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ED</u> Middle <u></u> Last <u>BARNETT</u>				4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1862</u>	9. AGE (last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Haynesville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ed Barnett</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Tuman</u>			14. NAME OF HUSBAND OR WIFE <u>Reulah Barnett</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>486-30-2287</u>		17. INFORMANT Address <u>Mrs. Laura Mae Kidd, Lathrop</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN MISSED AND DEATH
IMMEDIATE CAUSE (a) <u>Anoxemia</u>						<u>6 hrs.</u>	
DUE TO (b) <u>Lung congestion</u>						<u>96 hrs.</u>	
DUE TO (c) <u>Heart Failure</u>						<u>24 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 15.)					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>							
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 <u>8/1/58</u> to <u>6/27/59</u> and last saw him alive on <u>6/25/59</u> Death occurred at <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. B. Cameron D.O.</u>				22b. ADDRESS <u>Lathrop, Mo.</u>			22c. DATE SIGNED <u>6/29/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 29, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery, Lathrop</u>		23d. LOCATION (City, town, or county) (State) <u>Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG. <u>June 30 - 59</u>		26. REGISTRAR'S SIGNATURE <u>Francis Crawford</u>	

DeMoss Crunk - Cameron (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Carl Roberts

Licensed Embalmer No. 4232

P. O. Address Lathrop

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.