

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039408

FILED VS. NOV 19 1959 **77**

Registration District No. **3016** Primary Registration District No. **318** Registrar's No.

STATE FILE NUMBER

MEMENDED

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 3 months	c. CITY OR TOWN Lake Ozark Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Arrowhead Beach
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Lena Middle Blanch Last Barnett			4. DATE OF DEATH Month Nov (11) - Day 14 - Year 59			
5. SEX Female	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 2/6/1886	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 9 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and state or country) Grove, La.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William Taylor		13b. MOTHER'S MAIDEN NAME Missouri Monzingo		14. NAME OF HUSBAND OR WIFE William Barnett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 524-30-8556		17. INFORMANT Address a Mrs Zoulena Ferguson, Lake Ozark		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of left Middle Cerebral Artery		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 checked="" type="checkbox"/> Yes <input 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 18.) None
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 Minden Louisiana		20g. COUNTY Camden STATE Missouri

21. I attended the deceased from **8.28.59** to **11.14.59** and last saw her/him alive on **Nov 14, 1959**
Death occurred at **8:40/PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John D. Leuchens MD (Degree or title)	22b. ADDRESS 302 Bolivar	22c. DATE SIGNED 11/14/59
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23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 11-15-1959	23c. NAME OF CEMETERY OR CREMATORY Minden Cemetery	23d. LOCATION (City, town, or county) (State) Minden Louisiana
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24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo.	25. DATE RECD. BY LOCAL REG. Nov. 15, 1959	26. REGISTRAR'S SIGNATURE R.P. Norris, MD - M. Richter, Dep.
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(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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.