

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000002

FILED VS JAN 25 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 6 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Length of stay in 1b 3 Weeks | c. CITY OR TOWN La Plata Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Comm. Nursing Home #2 | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7 Miles S.W. La Plata, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE MILTON BARNETT | | | 4. DATE OF DEATH Month Day Year Jan 8, 1960 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-10-70 | 9. AGE (last birthday) 89 | IF UNDER 1 YEAR Month 11 Days 28 | IF UNDER 24 HR Hours --- Min. --- |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Livingston Co. Mo. | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Seneca W. Barnett | | | 13b. MOTHER'S MAIDEN NAME Mary Jane Ralls | | 14. NAME OF HUSBAND OR WIFE Mary R. Barnett | |

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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) no | | 16. SOCIAL SECURITY NO. 497-42-2093 | 17. INFORMANT Address Mrs Mary R. Barnett La Plata, 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) Cachexia and transition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Bronchogenic Carcinoma | | | INTERVAL BETWEEN ONSET AND DEATH weeks weeks months |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | |

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| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. I attended the deceased from September 1, 1959 to January 8, 1960 and last saw her/him alive on January 3, 1960
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) William F. Buegen D.O. | | 22b. ADDRESS Kirksville Mo. | 22c. DATE SIGNED 1/11/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan 10, 1960 | 23c. NAME OF CEMETERY OR CREMATOR Maple Hill Cemetery | |
| 24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo. | | 23d. LOCATION (City, town, or county) Kirksville, Missouri | 25. DATE RECD. BY LOCAL REG. 1-16-1960 |

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| 24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-16-1960 | 26. REGISTRAR'S SIGNATURE Dora W. Ratliff |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

WILLIAM F. BERGEN, D.O.

JAN 28 1960

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 Herbert M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, N.M.

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.