

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

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Registration District No. 108 Primary Registration District No. 5422 STATE FILE NUMBER
Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Piggott 8030,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>91</u>		Length of stay in lb <u>none</u>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1 5mi. SW Piggott</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>Eugene</u> Last <u>Barnwell</u>			4. DATE OF DEATH Month <u>June</u> Day <u>2,</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Jan. 17, 1904</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Factory Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edd W. Barnwell</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Laura F. Barnwell</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>548-14-0072</u>		17. INFORMANT <u>Mrs. Laura F. Barnwell Piggott, Ark</u> Address <u>Route #1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal Fracture of Skull</u>					INTERVAL BETWEEN DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input checked="" 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.) <u>Ran into Truck on Hi.#25</u>		
20c. TIME OF INJURY Hour <u>5:00</u> Month <u>June</u> Day <u>2,</u> Year <u>1960</u> a.m. _____ p.m. _____					
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, factory, street, office building, etc.) <u>Hi.#25 S. of Senath, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>035</u> COUNTY <u>Salem Twp.</u> STATE <u>Dunklin Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00</u> <u>P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Quinton Tarver, coroner</u> (Degree or title)			22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>6-10-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Piggott Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Piggott, Arkansas</u>
24. FUNERAL DIRECTOR <u>Lloyd Russell</u>		ADDRESS <u>Piggott, Arkansas</u>		25. DATE RECD. BY LOCAL REG. <u>June 15, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Pat Umom "Deputy"</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Co. file No. 660-202

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Gerald W. Hoggan

Licensed Embalmer No. 1116 Ark

P. O. Address Piggall Ark

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.