

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035188

FILED VS OCT 4 1960

Registration District No. 156

Primary Registration District No. 5572

Registrar's No. 203

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		a. STATE Mo		b. COUNTY Ia.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.		Length of stay in lb 5 days		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Barrett		4. DATE OF DEATH Month Day Year Sept. 28 1960		d. STREET ADDRESS (If outside, give location) 1322 W. White Oak		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Lamoni Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A	
13. FATHER'S NAME William Barrett		13b. MOTHER'S M maiden name Ellen Willson		14. NAME OF HUSBAND OR WIFE Ethel Barrett			
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. 487-16-3043		17. INFORMANT Address Records J.C. Hosp. Indep.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Unknown			
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 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.)			
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		COUNTY	STATE
21. I attended the deceased from 9-24-60 to _____ and last saw him ^{how} alive on 9-28-60 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J.P. McCalla, M.D.				22b. ADDRESS Jackson Co. Hospital Indep.		22c. DATE SIGNED 9-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/30/60		23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cem.		23d. LOCATION (City, town, or county) Indep. Mo.	
24. FUNERAL DIRECTOR Roland R. Sparks		ADDRESS Indep Mo.		25. DATE RECD. BY LOCAL REG. 9-30-60		26. REGISTRAR'S SIGNATURE M.B. Kempford	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 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 Poland B. [Signature]

Licensed Embalmer No. 3604

P. O. Address Indy, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.