URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-035609

STATE FILE NUMBER

LED VS OCT 3 1960

ENDED

Registration District No. 251 Primary Registration District No. _____ Registrar's No. 227

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Skidmore - rural
Length of stay in 1b: 8 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Skidmore
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5½ miles southeast
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ANNA Middle THELMA Last BARNETT
4. DATE OF DEATH: Month 9 Day 23 Year 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/26/05
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Grant City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Michael J. Fletchall
13b. MOTHER'S MAIDEN NAME: Zella May Gates
14. NAME OF HUSBAND OR WIFE: John Barnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John Barnett, Skidmore, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8/9/48 to 9/23/60 and last saw her alive on 9-12-60
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.C. Lee (Degree or title) D. O.
22b. ADDRESS Maitland, Missouri
22c. DATE SIGNED 9-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/25/60
23c. NAME OF CEMETERY OR CREMATORY: Fletchall
23d. LOCATION (City, town, or county) (State): Grant City, Missouri

24. FUNERAL DIRECTOR: Price Funeral Home, Maryville, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-24 60
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed John W. Price

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address Maryvill

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