SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021996
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 65

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho — Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Newton
c. CITY OR TOWN Neosho — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 324 S. Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOY Middle: F. Last: BARNETT
4. DATE OF DEATH Month: June, Day: 9 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/29/31
9. AGE (last birthday): 30 — 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: Housekeeping
11. BIRTHPLACE (City and state or country): Plainview, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: C.A. McKnight
13b. MOTHER'S MAIDEN NAME: Albaree Hancock
14. NAME OF HUSBAND OR WIFE: Don C. Barnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
17. INFORMANT: Don C. Barnett Address: Neosho, Mo.

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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Increased Intracranial pressure — 18 hours
DUE TO (c) Ruptured Cerebral Aneurism — 18 hours
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 March 1961 to June 1961 and last saw her alive on 9 June 1961
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul B Anderson MD.
22b. ADDRESS: Neosho Missouri
22c. DATE SIGNED: 16 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/12/61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Neosho, Mo.

24. FUNERAL DIRECTOR: CLARK FUNERAL HOME ADDRESS: Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 6-22-61
26. REGISTRAR'S SIGNATURE: Daydene Belka - Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 H. Wayne Severs, Student Embalmer No. 630

working under my personal supervision.

Student H. Wayne Severs
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Neosho Mo.

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.