

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040894
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 116

AMENDED

FILED DEC 4 1961

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

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia			Length of stay in 1b 11mo. 18da.		c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR HOME FOR AGED INSTITUTION The Home for Aged Baptists				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1 1/2 mi. E. on Hwy. 72		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Clara Gertrude Barnett						4. DATE OF DEATH Month Day Year Nov. 21, 1961							
5. SEX Female		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 2/25/1879		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 8 Days 27 Hours Min. 		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) Lafayette Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Henry Clay West				13b. MOTHER'S MAIDEN NAME Julia Angeline Pool				14. NAME OF HUSBAND OR WIFE Lee Davis Barnett					
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. none		17. INFORMANT Address Dolores Weis, Ironton, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5 days			
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 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 Dec. 3, 1960 to Nov. 21, 1961 and last saw her xxx alive on Nov. 20, 1961 Death occurred at 3:20 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Marvin C. Manne, MD						22b. ADDRESS Ironton, Missouri			22c. DATE SIGNED 11-27-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-24-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery			23d. LOCATION (City, town, or county) (State) Blue Springs Mo.						
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo				25. DATE RECD. BY LOCAL REG. 11-27-61		26. REGISTRAR'S SIGNATURE Mrs. Avis Jones							

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

Student _____
Signature of Student Embalmer

Signed Lyle H. White
Licensed Embalmer No. 4295
P. O. Address Orator, Pa.

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.