

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

131 3023 127

FILED MAY 8 1967

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Clinton

Length of stay in 1b

20 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

admission)

c. CITY  
OR TOWN

Blainstown

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
R.F.D. #1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
Will

Middle

Last  
Barnett4. DATE  
OF DEATHMonth  
MayDay  
2Year  
1967

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/11/1881

## 9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Blainstown, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William F. Barnett

## 13b. MOTHER'S MAIDEN NAME

Anna Satterwhite

## 14. NAME OF HUSBAND OR WIFE

Grace 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.

## 17. INFORMANT

Grace Barnett, Blainstown, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broncho - Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Parkinson's Syndrome

2 years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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  
INJURYHour a.m. p.m.  
Month, Day, Year20d. 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

1/20/53

to 5/12/67

and last saw him alive on 5/12/67

## Death occurred at

7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

S.B. Hughes

M.D.

## 22b. ADDRESS

Clinton, Mo.

## 22c. DATE SIGNED

5/15/67

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

5/4/67

## 23c. NAME OF CEMETERY OR CREMATORY

Carpenter

## 23d. LOCATION (City, town, or county)

Chilhowee, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Cook Funeral Home, Chilhowee, Missouri

## 25. DATE RECD. BY LOCAL REG.

May 4, 1967

## 26. REGISTRAR'S SIGNATURE

Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAY 11 1967

### 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 \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

4335  
Chilhowey, 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.

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