

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42751

State File No. _____

FILED DEC 29 1953

5887

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo
 c. LENGTH OF STAY (In this place) 9 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Henry
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Missouri
 d. STREET ADDRESS (If rural, give location) 314 S. 5th Street 1

3. NAME OF DECEASED (Type or Print)
 a. (First) Mr Jay b. (Middle) Smith c. (Last) BARNETT

4. DATE OF DEATH (Month) (Day) (Year)
12-16-1953

5. SEX Male
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH Aug 20-1872

9. AGE (In years last birthday) 81
 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
 IF UNDER 6 MOS. _____

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

10b. KIND OF BUSINESS OR INDUSTRY
self

11. BIRTHPLACE (State or foreign country)
Morgan Co., Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Bayless Smith Barnett

13b. MOTHER'S MAIDEN NAME
Margaret Robinson

14. NAME OF HUSBAND OR WIFE
Anna Bell 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'S SIGNATURE OR NAME ADDRESS
Ola Lee Barnett 3145. 5th Clinton Mo

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
2041

INTERVAL BETWEEN ONSET AND DEATH
20 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1953, to Dec 16, 1953, that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 2:30 A m., from the causes and on the date stated above.

23a. SIGNATURE John F. McDonnell, M.D. (Degree or title)

23b. ADDRESS 315 Nichols Road, Kansas City, Mo.

23c. DATE SIGNED Dec. 16, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE 12-16-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
Clinton Missouri

DATE REC'D BY LOCAL REG.
12-16-53

REGISTRAR'S SIGNATURE
Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
France Wernall K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1954

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.