

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29568

State File No. _____

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>131</u> | | PRIMARY REG. DIST. NO. <u>3023</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (If this place) <u>7 hours</u> | | c. CITY OR TOWN <u>Clinton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Watzel Hospt</u> | | | | e. STREET ADDRESS (If rural, give location) <u>503 S 2nd St 0420</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>MARR</u> c. (Last) <u>BARNETT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 12 1955</u> | | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | | 8. DATE OF BIRTH <u>DEC 11 1876</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>APPLETON CITY MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>JOHN EGGER</u> | | 13b. MOTHER'S MAIDEN NAME <u>FLORENCE Robinson</u> | | 14. NAME OF HUSBAND OR WIFE <u>CLINT BARNETT</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN EGGER BARNETT Clinton</u> | | | |
| 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) <u>SHOCK - DUE TO TRAUMA</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS.</u> 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. <u>LACERATION FOREHEAD</u> <u>FRACTURE LEFT FEMUR</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT HIWAY 35</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>of COUNTY HENRY MO.</u> (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 11 55 pm.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>CAR ACCIDENT</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 11, 1955</u> , to <u>Sept 12, 1955</u> , that I last saw the deceased alive on <u>Sept 11, 1955</u> , and that death occurred at <u>12:00 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>Clinton Mo</u> | | | 23c. DATE SIGNED <u>Sept 12 55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | | 24b. DATE <u>9/14/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9-14-1955</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Consoles Clinton Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

9561 82 7021

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 *J. E. Consolus*.....

Licensed Embalmer No. *189*
P. O. Address *Clinton*

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.