

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16407**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5598 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Columbus Twns</u>		c. LENGTH OF STAY (in this place) <u>45 Yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Columbus Twns.</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. Odessa</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. F. Odessa</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. Odessa</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Hollis</u> c. (Last) <u>Barnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1879</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>
13a. FATHER'S NAME <u>Thos. Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Belle Barnett</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Barnett</u> ADDRESS <u>Odessa, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis ch.</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-7</u> , 19 <u>49</u> , to <u>5-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>49</u> , and that death occurred at <u>1:30 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed M. Herbst M.D.</u>		23b. ADDRESS <u>M.D.O. Odessa Mo.</u>	23c. DATE SIGNED <u>5/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McKindrey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lafayette Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Antelope</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u> ADDRESS <u>Odessa, Mo.</u>	

MAY 17 1949

**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.

Signed \_\_\_\_\_

*William T. Sparks*

Signed \_\_\_\_\_  
Student Embalmer

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

#4431

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

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