

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34087

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 2228 Registrar's No. 180

49

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 1 yr	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1018 W. Chestnut St.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
f. STREET ADDRESS 1018 W. Chestnut St.		g. FULL NAME OF HOSPITAL OR INSTITUTION 1018 W. Chestnut St.	
3. NAME OF DECEASED (Type or Print) a. (First) HARRISON		b. (Middle) BENJAMIN	
c. (Last) BARNETT		4. DATE OF DEATH (Month) (Day) (Year) October 7, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1888
9. AGE (In years last birthday) 61		10. MONTHS 4	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Norwood, Missouri
11. BIRTHPLACE (State or foreign country) Norwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Barnett		13b. MOTHER'S MAIDEN NAME Martha Retherford	
14. NAME OF HUSBAND OR WIFE Margaret Lenhart Barnett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. C.E. Stanley, 309 N. Main, Carthage ADDRESS 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) Bronchitis - 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. Secondary anemia due to above Arteriosclerotic heart disease -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 15-20 years	
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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Oct. 7, 1949</u> , and that death occurred at <u>12:06a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Charles H. Scheel, M.D. (Degree or title)		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 10/7/49		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE Oct 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE KNELL MORTUARY, Carthage, Mo. ADDRESS	
DATE REC'D BY LOCAL REG Oct 9 1949		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.	

Per. n. 719 uca. Request Embelmer's Statement on Reverse Side)

RECEIVED 10-17-49
Jasper County Health Office

County File Number 49-10-799

Date Filed 10-28-49

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 _____

Gene H. Parrent

Student Embalmer No. 349

working under my personal supervision.

Student Gene H. Parrent
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.