

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9228

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2002		Registrar's No. 132	
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) JOPLIN		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		OR TOWN 0445	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 2023 MOFFET			
3. NAME OF DECEASED (Type or Print) a. (First) MAGDALINA LOUISA			b. (Middle) BARNETT		c. (Last) BARNETT		
4. DATE OF DEATH (Month) (Day) (Year) MAR 18 1950		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. WIFE	
8. DATE OF BIRTH JUNE 25, 1870		9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN MEYER		13b. MOTHER'S MAIDEN NAME HENRIETTA WERMAN	
14. NAME OF HUSBAND OR WIFE _____		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 MRS. LYLE SHROUF	
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) Influenza 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. Arteriosclerosis, generalized Arteriosclerotic heart disease.				INTERVAL BETWEEN ONSET AND DEATH 4 days 481X	
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) (Minute) _____		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 2-19, 1950, to 3-17, 1950 that I last saw the deceased alive on 3-17, 1950, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Allen, M.D. M.D.				23b. ADDRESS 410 Jackson, Joplin, Mo.		23c. DATE SIGNED 3/18/50	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) CREMATION		24b. DATE MARCH 19, 1950		24c. NAME OF CEMETERY OR CREMATORY GYPSUM HILL		24d. LOCATION (City, town, or county) (State) SALINA KAN	
DATE FILED BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE E. J. Allen		25. FUNERAL DIRECTOR'S SIGNATURE HURLBUT GLOVER		ADDRESS JOPLIN	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-245

Date Filed 4-3-50

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 _____

Dale Glover

Licensed Embalmer No. 45-93

P. O. Address Joplin, 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.