

No. 300
10.48

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12949

BIRTH NO. 91415-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 201 Registrar's No. 208

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. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 4 mo		d. STREET ADDRESS (If rural, give location) 402 Byers	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) Brady	c. (Last) Barnert	4. DATE OF DEATH (Month) (Day) (Year)
				May 1 1951

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 19, 1950	9. AGE (In years last birthday) 4	10. MONTHS 12	11. IF UNDER 1 YEAR Hours	12. IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E. B. Barnert	13b. MOTHER'S MAIDEN NAME Dorothy O'Leare	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME E. B. Barnert	ADDRESS 402 Byers Joplin
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperplastic lymph nodes DUE TO (c)		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 16, 1951, to May 1, 1951, that I last saw the deceased alive on Apr 30, 1951, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter M. Elision, M.D.</i>	(Degree or title)	23b. ADDRESS 327 Fusion Bldg.	23c. DATE SIGNED 5-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-1951	24c. NAME OF CEMETERY OR CREMATORY Booneville Cemetery	24d. LOCATION (City, town, or county) (State) Booneville, Missouri
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DATE REC'D BY LOCAL REG. 5-8-51	REGISTRAR'S SIGNATURE <i>W. J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	ADDRESS
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(Licensed Embalmer's Signature on Reverse Side)

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

495
0

RECEIVED 5-14-51

Jasper County Health Office

County File Number 51/5/386

Date Filed 5-14-51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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