

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17157

0540  
1

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

BIRTH NO. #		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4272		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Broad & Commercial				d. STREET ADDRESS (If rural, give location) Broad & Commercial Streets.			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) Barnette		c. (Last) Gordon		4. DATE OF DEATH (Month) (Day) (Year) May, 16th. 1951
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH July, 5th. 1863	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 10		IF UNDER 1 YEAR Days 11		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Lafayette Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edwin Ryland Barnette			13b. MOTHER'S MAIDEN NAME Susan Cody		14. NAME OF HUSBAND OR WIFE Deceased		
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. - - -		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lutie Gordon Jordon, Waverly, 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.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis genitral</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo ?</u> ? Sept 11, 50
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2 X F</u>					
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>Sept 21, 1950</u> , to <u>May 16, 1951</u> , that I last saw the deceased alive on <u>May 16, 1951</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lawley Kelling M.D.</u> (Degree or title)				23b. ADDRESS <u>Waverly, Mo.</u>		23c. DATE SIGNED <u>5/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Waverly, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 17 - 1951</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>154 Marshall Funeral Home</u>		ADDRESS <u>Carrollton Mo.</u>	

RECEIVED 5-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-22-51

JUL 13 1951

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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.....

Student Embalmer

Signed *R. M. Marshall*

Licensed Embalmer No. *2525*

P. O. Address *Carrollton 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.