

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19442

BIRTH NO. 35283-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 683

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
		d. STREET ADDRESS (If rural, give location) Jesse James Hotel	

3. NAME OF DECEASED (Type or Print) (Male) (First) (Middle) (Last) BARNETT			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 25, 1951	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Donald Barnett	13b. MOTHER'S MAIDEN NAME Esther Church	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. Esther Barnett, St. Joseph, Mo.	ADDRESS
--	------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature		II. OTHER SIGNIFICANT CONDITIONS Prolapsed cord		30 min
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7615	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 June 25, 19 51, to June 25, 19 51 that I last saw the deceased alive on June 25, 19 51, and that death occurred at 6:20A. m., from the causes and on the date stated above.

23a. SIGNATURE A. W. Kiebler, M.D. (Degree or title)	23b. ADDRESS P&S Bldg., St. Joseph, Mo.	23c. DATE SIGNED 6-30-51
--	---	--------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) burial	24b. DATE 6/25/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
---	-------------------	--	---

DATE REC'D BY LOCAL REG. June 30, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	448	25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph, Mo.	ADDRESS
--	------------------------------------	-----	--	---------

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

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Roy Stanley

Licensed Embalmer No. 2135

P. O. Address St. Joseph, 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.