

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2512**BIRTH NO. **1952** JUL 5 1952 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2512**

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Odessa, Mo.		d. STREET ADDRESS (If rural, give location) 8 mi S.E. of Odessa, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) AMANDA			b. (Middle) F.		c. (Last) BARDETT		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1952		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (In years) (Month) (Day) (Hour) (Min.) May 28, 1874		9. AGE (In years) (Month) (Day) (Hour) (Min.) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas D. Jones				13b. MOTHER'S MAIDEN NAME Mary C. Smithson		14. NAME OF HUSBAND OR WIFE William F. Barnette			
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 AND ADDRESS Geo. Tom Barnette 507 1/2 E. 11th St. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burn, thermal, extensive						INTERVAL BETWEEN ONSET AND 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) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						29/10/7 29/1/16	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mayview Lafayette Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-28-52 7a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Explosion of gas stove					
22. I hereby certify that I attended the deceased from 5-8-1952 , to 6-4-1952 , that I last saw the deceased alive on 6-4-1952 , and that death occurred at 9 AM , from the causes and on the date stated above.									
23a. SIGNATURE J. S. Cope				23b. ADDRESS 1617 Poplar Kansas City Mo		23c. DATE SIGNED 6-4-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/4/52		24c. NAME OF CEMETERY OR CREMATORY Mount Labor Cemetery		24d. LOCATION (City, town, or county) (State) 8 mi S.E. Odessa, Mo.			
DATE REC'D BY LOCAL REG. 10-4-52		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Husman - Sparks Odessa, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

2449

JUN 9 1953

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 *William T. Sparks*
.....

Licensed Embalmer No. *#4431*

P. O. Address *Odessa, 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.