

No. 300  
10.48

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23513

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaPlata, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaPlata, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Kirkville.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Grim Smith Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elsie</b> b. (Middle) <b>M.</b> c. (Last) <b>Barnett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 30. 52</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 17, 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR: Days <b>6</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Adair Co. Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Charles Brawner</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Young</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Barnett Kirkville, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lung Embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Emphysema Gall Bladder Abscess appendix c Peritonitis</b>		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 <b>7/23/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Emphysema of Gall bladder with extra hepatic abscess Abscess appendix with abscess Peritonitis general</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (If in or about home, farm, or very small place bids, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5501</b>	
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?	

22. I hereby certify that I attended the deceased from **7/23**, 19**52**, to **7/30**, 19**52**, that I last saw the deceased alive on **7/30**, 19**52**, and that death occurred at **11:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>Kirkville, Missouri</b>		23c. DATE SIGNED <b>7/30/52</b>	
24a. BURIAL OR CREMATION (Specify) <b>Burial</b>		24b. DATE <b>Aug. 1, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Owenby Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>S.W. of Kirkville Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Kirkville</b>	
DATE REC'D BY LOCAL REG. <b>8-1-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		1-0 <b>Randolph Davis</b>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Donald Roberts*

Licensed Embalmer No. *4727*

P. O. Address *Ficksville Pa*

**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.