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No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

De Sar 39101
State File No. _____

FILED NOV 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (If in place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baxter Springs</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Treman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>238 E 10 st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter Lee</u> b. (Middle) <u>Barnett</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-52</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 3-1891</u>		9. AGE (In years last birthday) <u>61</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired foreman</u>		10a. KIND OF BUSINESS OR INDUSTRY <u>add + zinc mines</u>		11. BIRTHPLACE (State or foreign country) <u>Holden MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dennis Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Golda Barnett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. (If yes, give date of service) <u>509-09-2242</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carmen Barnett Baxter Spgs</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheal involvement from Carcinoma.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 months.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Squamous cell carcinoma, left lobe of lung.</u>					
		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 <u>163X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 _____, 19____, to <u>11-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>52</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Lee Barnett MD</u>				23b. ADDRESS <u>410 Jackson, Joplin, Missouri</u>		23c. DATE SIGNED <u>11/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs Kansas</u>		
DATE REC'D BY LOCAL REG. <u>11-5-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Dance Wene</u>		ADDRESS <u>Baxter Spgs</u>	

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

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/883

Date Filed 11-17-52

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880 mo

P. O. Address East St. J. K.

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.