

42539

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

D JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give name of township) <u>HICKMAN MILLS</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HICKMAN MILLS 0480</u>		d. STREET ADDRESS (If rural, give location) <u>92 NO + GROGGER ROAD</u>		d. STREET ADDRESS (If rural, give location) <u>92 NO + GROGGER ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>92 NO + GROGGER ROAD</u>				d. STREET ADDRESS (If rural, give location) <u>92 NO + GROGGER ROAD</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>John</u>	b. (Middle) <u>Douglas</u>	c. (Last) <u>BARNETT</u>	4. DATE OF DEATH	(Month) <u>Dec</u>	(Day) <u>25</u>	(Year) <u>1952</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>AUGUST-1-1887</u>		9. AGE (In years last birthday) <u>65</u>	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPUTATION MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ENGINEERING COMPANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAMSTER, ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>NO</u>	
13a. FATHER'S NAME <u>CHARLES BARNETT</u>		13b. MOTHER'S MAIDEN NAME <u>CONSTANCE STEGMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ADELAIDE BARNETT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ADELAIDE BARNETT</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		DUE TO (b) <u>Arteriosclerotic coronary artery disease</u>				DUE TO (c) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 _____				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) <u>4201</u>			
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 <u>12/22, 1952</u> to <u>12/25, 1952</u> , that I last saw the deceased alive on <u>12/25, 1952</u> and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack M. Davis M.D.</u>				23b. ADDRESS <u>Raytown Mo</u>		23c. DATE SIGNED <u>12/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm. J. Montal</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/26/52</u>		REGISTRAR'S SIGNATURE <u>Dr. Linus H. Hodge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer - Sons - Kansas City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

7:00-5:30

Richard Mills for print
Dr. Reddy.

1956 & 1957

AUG 17 1956

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address 128, 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.