

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20388

State File No. ....

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 116

0972  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>52 Yrs.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		d. STREET ADDRESS (If rural, give location) <b>1424 E. Eastwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1424 E. Eastwood</b>		d. STREET ADDRESS (If rural, give location) <b>1424 E. Eastwood</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b> b. (Middle) <b>Mary</b> c. (Last) <b>Barnett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 14-1869</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Kiser</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Clements</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>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arthur Piper-Marshall, Mo.</b>		ADDRESS	
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) <b>Senility</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis Agitans</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mitral Stenosis</b>	
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)		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 <b>June 1948</b> , to <b>June 2, 1953</b> , that I last saw the deceased alive on <b>June 2, 1953</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>K. E. Harren, D.O.</b> (Degree or title)		23b. ADDRESS <b>Marshall, Mo.</b>	
23c. DATE SIGNED <b>6/3/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/5/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-8-1953</b>		REGISTRAR'S SIGNATURE <b>Blidney F. Gray</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Sweeney</b>		ADDRESS <b>Marshall, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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..... *J. Lechi Sweeney*

Licensed Embalmer No. *2235*

P. O. Address *Marshall, 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.