

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28158

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton Canton</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY OR TOWN <u>Canton</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>311 S. 4th St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>311 S. 4th St.</u>		0560	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wells</u> c. (Last) <u>Barnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1954</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>July 9, 1896</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Button factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Downing, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Wells</u>	
14. NAME OF HUSBAND OR WIFE <u>Dudley Scott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-05-7832</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G.W. Barnett, Canton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>98 hrs.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>98 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>		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 <u>11/7</u> , 19 <u>54</u> to <u>8/13</u> , 19 <u>54</u> that I last saw the deceased alive on <u>8/13</u> , 19 <u>54</u> and that death occurred at <u>10:15 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. S. Dodson M.D.</u>		23b. ADDRESS <u>Canton, Mo.</u>		23c. DATE SIGNED <u>8/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	

24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Buckley, Canton, Mo.</u>		ADDRESS <u>Canton, Mo.</u>		E.C.	

licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Earl A. Buckley*.....

Licensed Embalmer No. *7615*.....

P. O. Address *Camden, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.