

FILED APR 19 1956  
RN-11379

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12474**  
Registrar's No. **254**

BIRTH NO.		REG. DIST. NO. <b>43</b>	PRIMARY REG. DIST. NO. <b>3007</b>	Registrar's No. <b>254</b>	
I. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Poplar Bluff, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>907 W. 26th St., 343/1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HUBERT</b> b. (Middle) <b>DALE</b> c. (Last) <b>BARNETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 1, 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>6-17-32</b>	9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Navy</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Moko, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Judge Barnett</b>		13b. MOTHER'S MAIDEN NAME <b>Berniece Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b> ADDRESS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					INTERVAL BETWEEN ONSET AND DEATH <b>21 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intracranial hemorrhage</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		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>CITY OF HAYWARD, OREGON CO. MO 3XXXXXX02XXXXXX01AYXXXARKANSAS</b>	
21d. TIME OF INJURY <b>3-31-56 VA 9:15 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident otherwise unknown</b>	
22. I hereby certify that I attended the deceased from <b>April 1, 1956</b> , to <b>April 1, 1956</b> , and that death occurred at <b>7:15 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>C. W. GASKINS, M.D., Chief, Surg. Sv., VAH, Poplar Bluff, Mo.</b>			23b. ADDRESS <b>VAH, Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>4-2-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4-3-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>State Line Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Moko, Ark</b>
DATE REC'D BY LOCAL REG. <b>4/11/56</b>		REGISTRAR'S SIGNATURE <b>Ph. Orntree</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn Beynon</b> ADDRESS <b>Truman L. Spring, Ark.</b>	

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

RECEIVED  
APR 16 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

APR 27 1956

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.