THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34439
STATE FILE NUMBER

FILED OCT 29 1956 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 445

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 305 E. 7TH ST. — Length of stay in 1b YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 305 E. 7TH ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last BARNETT
4. DATE OF DEATH Month Day Year OCT. 9, 1956
5. SEX M
6. COLOR OR RACE NEGRO
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DEC. 16, 1869
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN-RETIRED
10b. KIND OF BUSINESS OR INDUSTRY JOPLIN POSTOFFICE
11. BIRTHPLACE (City and state or country) TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNK
14. MOTHER'S MAIDEN NAME UNK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. VIOLA BARNETT, Address 305 E. 7TH, JOPLIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gangrene - of foot — INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) pneumonia at apex — 1 wk
DUE TO (c) Prostatic hypertrophy — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 8-56, to ____ and last saw her/him alive on Oct 8, 56
Death occurred at Oct 9, 56 9 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lucius H. Ferguson MD (Degree or title)
22b. ADDRESS 327 Friaco Bldg
22c. DATE SIGNED 10-11-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-13-56
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) JOPLIN, (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 10-15-1956
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jasper County Health Office
County File Number 56-16-825
Date Filed OCT 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 23

P. O. Address Jasperlin

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.