

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35236

State File No.

FILED NOV 16 1956

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		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 Bethesda General Hospital				e. STREET ADDRESS (If rural, give location) 93 7163 Wellington					
3. NAME OF DECEASED (Type or Print)		a. (First) Marilyn		b. (Middle) Ann		c. (Last) Barnett			
		4. DATE OF DEATH		(Month) 10-28- (Day) (Year) 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>		8. DATE OF BIRTH 10-28-1956			
		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 18 Hrs. Min. 17			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Warren Milton Barnett		13b. MOTHER'S MAIDEN NAME Carrol Louise Hancock		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrol Barnett 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, anemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 762.0				20. AUTOPSY? YES <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10-28-56, 1956, to 10-28, 1956, that I last saw the deceased alive on 10-28-, 1956, and that death occurred at 8:30 PM from the causes and on the date stated above.									
23a. SIGNATURE W. H. Riley		(Degree or title) Mrs. Helen Mansfield		23b. ADDRESS Bollinger, Mo.		23c. DATE SIGNED 10-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-30-56		24c. NAME OF CEMETERY OR CREMATORY Local Cemetery		24d. LOCATION (City, town, or county) (State) Bollinger, Mo.			
DATE REC'D BY LOCAL REG. OCT 29 1956		REGISTRAR'S SIGNATURE Earl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith, Maplewood, Mo.		ADDRESS ✓			

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 *H. E. Burgess*.....

Licensed Embalmer No. *4020*.....

P. O. Address *Mpls.*.....

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.