

Health, Welfare, Public Service, 300-56, 0, 49, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41990

STATE FILE NUMBER

FILED DEC 17 1956

88976-56 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>-</b> b. COUNTY <b>-</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>-</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0510</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Whiteman AF Base Hospital</b> Length of stay in it <b>-</b>		d. STREET ADDRESS (If outside, give location) <b>-</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Wanda</b> Middle <b>Jeanette</b> Last <b>Barrett</b>			4. DATE OF DEATH Month <b>December</b> Day <b>12</b> Year <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11 Dec 56</b>
9. AGE (In years last birthday) <b>-</b>		IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b>	IF UNDER 24 HRS. Hours <b>20</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>USAF Hospital, Whiteman AF Base, Missouri</b>
13. FATHER'S NAME <b>Robert Earl Barrett</b>		14. MOTHER'S MAIDEN NAME <b>Virginia Louise Brewer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Virginia Louise (Barrett) Del Knob Noster, MO</b>		17. INFORMANT <b>Virginia Louise (Brewer) Barrett</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Operation atelectomy, bilateral, complete</b> DUE TO (b) <b>Stematurity</b> DUE TO (c) <b>undetermined cause</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>762.5</b>			INTERVAL BETWEEN ONSET AND DEATH <b>approx 20 hr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>-</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) <b>-</b>		
20c. TIME OF INJURY Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	20f. CITY, TOWN, OR LOCATION <b>-</b>	COUNTY <b>-</b>	STATE <b>-</b>
21. I attended the deceased from <b>11 Dec 56</b> to <b>12 Dec 56</b> and last saw her <sup>face</sup> alive on <b>12 Dec 56</b> Death occurred at <b>5:25</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert C Basler (Degree or title) ROBERT C BASLER CAPT USAF (MC)</b>		22b. ADDRESS <b>USAF Hospital Whiteman AF Base, Missouri</b>	22c. DATE SIGNED <b>12 Dec 56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-13-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>
24. FUNERAL DIRECTOR <b>W. B. Saunders</b>	ADDRESS <b>Warrensburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12/13/56</b>	26. REGISTRAR'S SIGNATURE <b>Erma L. Beatty</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.....  
Signature of Student Embalmer

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. *337*

P. O. Address *Wairua*

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.