FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28473
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 404

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2201 JACKSON AVE — Length of stay in lb 17 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2201 JACKSON AVE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WEBSTER Middle WALTER Last BARRETT

4. DATE OF DEATH Month AUGUST Day 22, Year 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH OCT. 16, 1880
9. AGE (In years last birthday) 76 — 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) RETIRED- CHEF
10b. KIND OF BUSINESS OR INDUSTRY RESTAURANTS
11. BIRTHPLACE (City and state or country) BELMONT, OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNK
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE ETHEL MAY BARRETT

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. UNK
17. INFORMANT Address MRS. ETHEL MAY BARRETT, 2201 JACKSON

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) Advanced Arteriosclerosis + Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dry gangrene Lft arm + Lft leg — 3 Days
DUE TO (c) Osteoarthritis advanced — 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Lawrence Hand - Fracture for Fall 1 mo go — 4200 F

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., 1955, to 8/22/57 and last saw her/him alive on 8/22/57
Death occurred at 2:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 2125 Jackson, Joplin, Mo
22c. DATE SIGNED 8/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-24-57
23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY,
23d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 8-24-57
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 57-8-732
Date Filed AUG 29 1957

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 Steve Parker

Licensed Embalmer No. 2S'4

P. O. Address Joplin Mo

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.