

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013727

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 66

Health,
Welfare
Public
Service

03520
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Indiana COUNTY Allen				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fort Wayne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Hosp.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1015 Constance		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Bell Last Barnett				4. DATE OF DEATH Month April Day 5 Year 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 21, 1929		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Hagerman Const.		11. BIRTHPLACE (City and state or country) Fort Wayne, Ind.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Otto B. Barnett				14. MOTHER'S MAIDEN NAME La Vera McKinzie				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Otto B. Barnett Fort. Wayne Ind.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE							INTERVAL BETWEEN ONSET AND DEATH HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 8254								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 33							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) auto accident						
20c. TIME OF INJURY Hour 5 a. m. Month, Day, Year 5 apr 58								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ARK. Hiway #90		20f. CITY, TOWN, OR LOCATION RECTOR		COUNTY Clay 803	STATE ARK.	
21. I attended the deceased from 5 apr 58 and last saw her alive on 5 apr 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.				22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 10 apr 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 6, 1958		23c. NAME OF CEMETERY OR CREMATORY Lindenwood Cem.		23d. LOCATION (City, town, or county) (State) Fort Wayne Indiana		
24. FUNERAL DIRECTOR ADDRESS Irby Funeral Home Rector, Ark.				25. DATE RECD. BY LOCAL REG. 4-14-1958		26. REGISTRAR'S SIGNATURE Earl Hubbard		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-21-58

COUNTY FILE NUMBER 457-9

MAY 16 1958

VS APR 23 1959

MAY 19 1958

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: Thomas E. Beal

Licensed Embalmer No. 101

P. O. Address Rectn. C

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.