

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033437  
Start File No.

FILED SEP 16 1958

BIRTH NO.		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 4301	Registrar's No. 103
1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINN		
b. CITY (If outside corporate limits, write RURAL and give township) MEADVILLE		c. LENGTH OF STAY (In this place) MEADVILLE 1580		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) JEAN c. (Last) BARNETT		4. DATE OF DEATH (Month) (Day) (Year) 9-4-58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 5-9-1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) HINDSBORO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES F. BARNETT		13b. MOTHER'S MAIDEN NAME NANCY MARTIN		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER BARNETT, WHEELING, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 1 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9-3-1958, to 9-4-1958, that I last saw the deceased alive on 9-4-1958, and that death occurred at 7:00 P.M., from the causes and on the date stated above.				
23a. SIGNATURE W. A. Brown		23b. ADDRESS Wheeling, Mo.		23c. DATE SIGNED 9-6-58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-8-58		24c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY
24d. LOCATION (City, town, or county) (State) WHEELING, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROTHERS, MEADVILLE, Mo.		
DATE REC'D BY LOCAL REG. 9-8-58		REGISTRAR'S SIGNATURE Katharine Johnson		

0580

WRITE PLAINLY—USING UNFADEING 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 .....  
Student Embalmer

Signed W. Knight.....

Licensed Embalmer No. 4655.....

P. O. Address Meadville, 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 this body is not embalmed, fact should be so stated above.