

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014657

STATE FILE NUMBER

2 3836

REGISTRATION DISTRICT NO. _____ PRIMARY REGISTRATION DISTRICT NO. _____ REGISTRAR NO. _____

MAY 6 1959

1. PLACE OF DEATH a. COUNTY -----		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-10-57		9. AGE (In years last birthday) 9 7 days 0 hours 0 min.					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Canton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 314 No. 4th Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Length of stay in lb 4 days		3. NAME OF DECEASED (Type or print) First Middle Last Virginia Elizabeth Barnett				4. DATE OF DEATH Month Day Year 4-17-1959							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Wilfred Barnett				13b. MOTHER'S MAIDEN NAME Betty McGlothlin		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Alice Trowbridge, 500 S. Kingshighway											
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest										INTERVAL BETWEEN ONSET AND DEATH 5 days					
DUE TO (b) Increased intra cranial pressure															
DUE TO (c) Brain tumor															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1936										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input 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.)												
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.															
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE							
21. I attended the deceased from 4-12-59 to 4-17-59 and last saw her alive on 4-17-59 Death occurred at 2:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Richard H. [Signature] M.D.						22b. ADDRESS 500 S. Kingshighway			22c. DATE SIGNED 4-17-59						
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-17-59		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Canton, Missouri		(State)							
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. APR 18 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.									

All diseases in Part I must be causally related. No symptoms will be listed.

Dr. States Junior was malignant. Item 18 chge by afvdt of physician 5-7-59--jf

MEDICAL CERTIFICATION

6088

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 *Edna A. Baxter*
NO EMBALM

Licensed Embalmer No.

P. O. Address

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.