

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025759

X FILED VS AUG 4 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 111

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Laclede.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon, Missouri		Length of stay in 1b 2 days.	c. CITY OR TOWN Lebanon, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.Rt. General Del. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leslie. Middle Albert. Last Barnett.			4. DATE OF DEATH Month July Day 7, Year 1959		
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/26/1919	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Fireman.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) LaQuey, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John P. Barnett.		13b. MOTHER'S MAIDEN NAME Mandia Ellen McCoy.	
14. NAME OF HUSBAND OR WIFE Dora L. Barnett.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. World War. II.		16. SOCIAL SECURITY NO. 497-16-3820	
17. INFORMANT Mrs. Dora L. Barnett, Lebanon, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull - DUE TO (b) occipital region. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 days	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. July 5, 1959	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.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Highway Laclede Mo

21. I attended the deceased from **Dec. 24, 1955** to **July 6, 1959** and last saw her alive on **6 July 59.**
Death occurred at **Lebanon Mo** **2:20** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. Justice (Degree or title) M.D.		22b. ADDRESS Lebanon, Missouri		22c. DATE SIGNED July 29, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/9/59	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	
23d. LOCATION (City, town, or county) Richland, Missouri		23e. DATE RECD. BY LOCAL REG. 7-27-1959		
24. FUNERAL HOME ADDRESS Hedges Funeral Home Richland, Mo		26. REGISTRAR'S SIGNATURE Hella L. Gray		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Clarence Moss*

Licensed Embalmer No. **4896**

P. O. Address **Waynesville, N.C.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.