

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028699**

FILED VS SEP 8 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 925 STATE FILE NUMBER

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>                  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield,</b>   |  | Length of stay in lb <b>13 days</b>  |  | c. CITY OR TOWN <b>Lebanon</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>  |  |  |  | d. STREET ADDRESS (If outside, give location) <b>Route 4</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>EFFIE BARNETT</b>   |  |  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>31</b> Year <b>1959</b>  |  |  |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>Aug. 29, 1892</b>  |  |
| 9. AGE (last birthday) <b>67</b>  |  | IF UNDER 1 YEAR<br>Months <b>67</b> Days <b>0</b> Hours <b>0</b> Min.  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>   |  |
| 11. BIRTHPLACE (City and state or country) <b>Hancock, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |  | 13a. FATHER'S NAME <b>Sam Wilson</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Laura Tibbs</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Everett J. Barnett</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b> |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address <b>Everett J. Barnett Lebanon, Missouri</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Anaplastic Carcinoma of the</u><br><u>uteri &amp; Secondary</u><br><u>metastases</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>   |  |
| 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.<br><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 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. Month, Day, Year _____   |  | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>6-22-59</u> to <u>31 Aug 59</u> and last saw her/him alive on <u>31 Aug 59</u><br>Death occurred at <u>7:45</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title) <u>Edwin M Powell MD</u>   |  |  |  | 22b. ADDRESS <u>609 Chury Springfield Mo</u>  |  | 22c. DATE SIGNED <u>31 Aug 59</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 23b. DATE <b>Sept. 2, 1959</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY <b>City</b>  |  | 23d. LOCATION (City, town or county) (State) <b>Lebanon, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Palmer Funeral Home Lebanon, Missouri</b>   |  |  |  | 25. DATE RECD. BY LOCAL REG. <b>9-1-59</b>  |  | 26. REGISTRAR'S SIGNATURE <u>Effie S. Meeton</u>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1958

*on file at Ferrell*

**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 *Laakie Gorman*

Licensed Embalmer No. 3177

P. O. Address *Springfield*

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.