JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-018041

FILED VS APR 19 1960

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 16

NDED

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Essex Castor Twp. — Length of stay in 1b 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 2 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Essex — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rfd. 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ella Middle Mae Last Barnett

4. DATE OF DEATH Month April Day 11, Year 1960

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-27-1915
9. AGE (last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Andrew P. Hines
13b. MOTHER'S MAIDEN NAME Margarette Burrough
14. NAME OF HUSBAND OR WIFE Earnest Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Earnest Barnett Address Essex, Mo. R. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Coronary Infant~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of Rectum
DUE TO (c) Hemorrhaged to Death
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ~~July 1959~~ to ~~April 1960~~ and last saw her him alive on April 9th
Death occurred at April 9th m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Claud H. Chastain D.O.
22b. ADDRESS Dexter, Mo.
22c. DATE SIGNED 4-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 4-22-1960
23c. NAME OF CEMETERY OR CREMATORY Bluff Cemetery
23d. LOCATION (City, town, or county) (State) Idalia, Mo.

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Bloomfield, Mo.
25. DATE RECD. BY LOCAL REG. 4-15-1960
26. REGISTRAR'S SIGNATURE Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Mark Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter M

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