

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014618
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 69

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED MAY 11 1961

1. PLACE OF DEATH
a. COUNTY Pemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Length of stay in lb 4 days

c. CITY OR TOWN Bragg City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) R. 2 Box 210 Reside on Farm Yes No

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

4. DATE OF DEATH Month April Day 25 Year 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-10-07 9. AGE (last birthday) 54

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) Laborer 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (City and state or country) Memphis, Tenn. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Henderson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased

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. X 17. INFORMANT Levi Clinton Address Bragg City, 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) Coronary Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic cardiovascular disease
DUE TO (c) diarrhea
INTERVAL BETWEEN ONSET AND DEATH 30 min
2 yrs.

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 Month, Day, Year a.m. p.m.

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 4-18-61 to 4-25-61 and last saw her alive on 4-25-61
Death occurred at 5:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D. 22b. ADDRESS Hayti, Mo. 22c. DATE SIGNED 4-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-30-61 23c. NAME OF CEMETERY OR CREMATORY Saint Paul Cemetery 23d. LOCATION (City, town, or county) (State) Hayti, Mo.

24. FUNERAL DIRECTOR Osburn Funeral Home, Wardell, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 5-3-61 26. REGISTRAR'S SIGNATURE [Signature]

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 James G. DeLeon

Licensed Embalmer No. 4185

P. O. Address Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.