

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

**61-036764**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5276  
**FILED NOV 1 1961**

DATE AMENDED: 11/6/61  
INSTEAD OF: 23b.c/d 10/24/61, New Hope Baptist Cemetery, Howell County, Mo. instead of 10/22/61, blank, Sedalia, Mo.  
DOCUMENT: BY AFFIDAVIT OF Fun. Dir. Joseph C. Gottschalk  
ITEM NO. SHOULD READ: 23b.c/d 10/24/61, New Hope Baptist Cemetery, Howell County, Mo. instead of 10/22/61, blank, Sedalia, Mo.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay-in 1b" <u>6 1/2 days</u>	c. CITY OR TOWN <u>Sedalia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>218 W. 16th St.</u>
3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Barnett</u> Last <u>Barnett</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>22</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 15, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>71</u>
13a. FATHER'S NAME <u>James N. Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Spradling</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT (Brother) <u>Arthur J. Barnett</u> Address <u>218 W. 16th Sedalia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture Intertrocantetric L. Femur</u>			<u>7 1/2 days.</u>
DUE TO (c) <u>Fracture Dislocation L. Proximal Humerus</u>			<u>7 1/2 days.</u>
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 checked="" 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.) <u>Fell down basement steps</u>	
20c. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year <u>Oct 15 1961</u>			
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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>	COUNTY <u>Pettis</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>16 Oct 61</u> to <u>22 Oct 61</u> and last saw her/him alive on <u>22 Oct 61</u> Death occurred at <u>7:55</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>1120 Professional Bldg. Kansas City 6, Mo.</u>	22c. DATE SIGNED <u>22 Oct 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-22-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Baptist Cemetery Howell County, Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. Hechert</u> ADDRESS <u>Funeral Home Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-22-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

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NOV 2 1961

**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 D. W. Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.