

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 200

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 60yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1822 Jones St.				d. STREET ADDRESS (If rural, give location) 1822 Jones St.			
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)		b. (Middle)		c. (Last) Barnes	
4. DATE OF DEATH Jan. 29, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH April 22, 1854		9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Horse Shoer		11. BIRTHPLACE (State or foreign country) New York, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Barnes		13b. MOTHER'S MAIDEN NAME Mary Toof		14. NAME OF HUSBAND OR WIFE Delia Shubert			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.H. Shrover St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerosis of Hy both carotid</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>above was affected with carotid</i> DUE TO (c) <i>on both eyes causing them to bleed</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 45:00	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>January 17, 1950</i> to <i>January 29, 1950</i> , that I last saw the deceased alive on <i>January 12, 1950</i> , and that death occurred at <i>6 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. Robert W. Wessner M.D.</i>				23b. ADDRESS <i>109 1/2 N. 78 St. Joseph, Mo.</i>		23c. DATE SIGNED <i>2/1-1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Feb. 6, 1950		REGISTRAR'S SIGNATURE <i>W. B. Jenkins</i> 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home St. Joseph, Mo.			

0117

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Victor J Barry

Signed
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.