

FILED JAN 26 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 3506

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Shelbina, Mo.</u>		c. LENGTH OF STAY (in this place) (township) <u>10 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u>		<u>1021</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>					
3. NAME OF DECEASED (Type or Print) <u>Linnie Taylor Barnes</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1951</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-13-1881</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 14 HRS. Hours Min. <u>69</u> <u>0</u> <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>Lillith Barnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jim Jones, Shelbyville, Mo.</u>		ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 <u>Sept 15, 1950</u> , to <u>Jan 2, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R.L. Caldwell D.O.</u>				23b. ADDRESS <u>Shelbina Mo</u>			23c. DATE SIGNED <u>Jan 8/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cmty.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleona, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 10-51</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>417 Barkeley &amp; Hawkins, Shelbyville, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1951

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-147  
Date Filed: JAN 24 1951

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*P. W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *Shelburne, Vt.*

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.