

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31135**  
Registrar's No. **223**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **30076**

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

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1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	
c. LENGTH OF STAY (In this place) <b>4 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>641 Farrow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>MAGGIE RUTH BARNES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept-21-1951</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April-9-1882</b>	9. AGE (In years last birthday) <b>69</b>	10. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Randolph County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James S. Barnes</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Frances Johnson</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lester Allen Moberly Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Myocarditis Chronic</b>		INTERNAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES <b>Arteriosclerosis</b>		DUE TO (b) <b>unknown</b>
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 **Aug 22, 1951**, to **Sept 21, 1951**, that I last saw the deceased alive on **Sept 21, 1951**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clarence Clohes M.D.</b>	23b. ADDRESS <b>300 1/2 W. 4th, Moberly, Mo.</b>	23c. DATE SIGNED <b>Sept 22 51</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept-23-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-23-51</b>	REGISTRAR'S SIGNATURE <b>Leah Wallace</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Snow</b>	ADDRESS <b>Funeral Home Moberly Mo.</b>
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Date Received: OCT 1 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-511776  
Date Filed: OCT 2 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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.