

No. 300
10/1/51

KC 1673 651

Reg. ~~FEBRUARY~~ OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32144

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3358

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE INDIANA b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) JEFF. BRKS. MO.		c. LENGTH OF STAY (In this place) 92 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) INDIANAPOLIS 8130	
		d. STREET ADDRESS (If rural, give location) 1725 S. STATE STREET 8	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) _____ c. (Last) BARNES			4. DATE OF DEATH (Month) (Day) (Year) 10/4/51		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6/29/91		9. AGE (In years last birthday) 60 yrs. IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) KENNETT, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Barnes		13b. MOTHER'S MAIDEN NAME Martha Glass		14. NAME OF HUSBAND OR WIFE Elis Lee Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or date of service) World I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE HEMMORHAGE DUE TO CARCINOMA, ERODING,				
		ANTECEDENT CAUSES RT. COMMON CAROTID ARTERY				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF LARYNX				
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 161X		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - VA - - 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 7/4 , 19 51 , to 10/4 , 19 51 , and that death occurred at 5:35 pm. , from the causes and on the date stated above.					

23a. SIGNATURE J. E. Stilwell (Degree or title) M.D.O.		23b. ADDRESS V. A. HOSP. JEFF. BRKS. MO.		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-8-51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFF. BRKS. MO.		DATE REC'D BY LOCAL REG. 10-7-51		REGISTRAR'S SIGNATURE Herbert P. Tomke	
25. FUNERAL DIRECTOR'S SIGNATURE G. HOFFMEISTER		ADDRESS U&L COMPANY, St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 2874 S. Broadway

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.