

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32551**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 281

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE - (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>Columbia</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>709 Lyons St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 Lyons St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>BARNES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1951</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 17, 1866</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Days <u>6</u> IF UNDER 24 HRS. Hours <u>12</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Thomas Barnes</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Ann Turley</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Eliza Fortney</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Luke Shock, Columbia, Mo.</u> | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>short, but unknown.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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) <u>Columbia</u> (COUNTY) <u>Boone</u> (STATE) <u>Mo</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Henry Sweets Jr. M.D. Coroner</u> (Degree or title) | 23b. ADDRESS <u>909 University Ave Columbia</u> | 23c. DATE SIGNED <u>Nov 4, 1951</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 6, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov 7 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service, Columbia Mo</u> | ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 13 1951

MAY 28 1956

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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.